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ABSTRACT

Juvenile Assessment Centers (JAC) can provide intervention through assessment of first-time misdemeanor offenders so that they do not become more involved in the juvenile justice system. In this practicum study, offenders are placed in a nonjudicial diversion and given a chance to repay the victim for the misdeed committed. In phase one of the program, case management supervisors and staff meet with the parents/guardians of youths to stress the importance of providing specific service recommendations. In phase two, they work with the families of the youths, who are randomly assigned to receive follow-up telephone support services for a 2-week period to answer questions and aid in accessing services. A comparison of 24 youths in a control group to 25 youths in an intervention group revealed that fewer parents/guardians in the control group than the intervention group: (1) recalled recommendations made by the case manager; (2) contacted the service agencies recommended; (3) applied for services to the recommended agencies; or (4) received the recommended services. These findings highlight the importance of having a follow-up, support service added to the case management unit to help connect youths and their families with services. Ten appendices, comprising over half the document, include various forms, assessment instruments, and lists of service providers. Contains 28 references. (KW)

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A Case Management Follow-up Support Strategy for Misdemeanors Processed at a Juvenile Assessment Center

by

Linda W. Williams

Cohort 6F

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A Practicum Report Presented to the
Master's Program in Child Care, Youth Care, and Family Support
in Partial Fulfillment of the Requirements
for the Degree of Master of Science

NOVA SOUTHEASTERN UNIVERSITY

1995

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3/16/95
Date

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ABSTRACT

A Case Management Follow-up Support Strategy for Misdemeanors Processed at a Juvenile Assessment Center. Williams, Linda W., 1995: Practicum Report, Nova Southeastern University, Master's Program for Child Care, Youth Care, and Family Support. Descriptors: First-time Offender Intervention/ Connecting Families with Services/Service Linkage of High Risk Youths/Juvenile Delinquent Intervention/Helping Misdemeanor Youths Receive Care/Servicing Misdemeanor Youths.

A Juvenile Assessment Center (JAC) in a Southern State views the evaluation and assessment of first-time misdemeanor offenders as an opportunity to intervene in youths' lives before they become more involved in the juvenile justice system. These youths are not placed in a detention center, but rather in a nonjudicial diversion program. The Arbitration program and the Juvenile Alternative Services Program (JASP) gives each youth a chance to repay the victim, either with time or money, for the misdeed committed. When the parents/guardians of the first-time misdemeanor offender picks up their child at JAC, the case manager gives to them recommendations to follow-up on. The literature, and a pretest of a small population of cases processed at JAC, indicated the need for follow-up intervention. Very few studies addressed the service needs of misdemeanor arrestees, or developed strategies to link them with needed services. With the assistance of case management unit staff, the author of this practicum has identified the importance of intervention in the lives of misdemeanor arrestees to deter them from further delinquent activities.

The author designed and implemented this practicum in two phases: The first phase involved meeting with case management supervisors and staff to stress the importance of providing specific service recommendations to the parents/guardians of youths picked up at JAC, whose preliminary screening indicated a need for follow-up services. The second phase involved working with families of misdemeanor youths, who had been randomly assigned to receive follow-up, telephone support services, for a two week period to: (1) answer any questions they had regarding the service recommendations that had been made for their child, (2) coach them on how to access services and (3) otherwise assist them in receiving needed services.

By comparing twenty-four (24) youths in the control group to twenty-five (25) youths in the intervention group, findings indicated that fewer parents/guardians in the control group (who were called thirty days after their child entered JAC) than the intervention group (who were called the day after their child entered JAC and for an average of six calls over a two-week period): (1) recalled recommendations made by the case manager (2) contacted the service agencies recommended, (3) applied for services to the recommended agencies or (4) received the recommended services.

These findings highlight the importance of having a follow-up, support service added to the case management unit. This service component would work with the families of misdemeanor youths, identified by the JAC preliminary screening process as having potential problems, and seek to link them with needed services. This cost effective service component has considerable promise of addressing a major problem in the juvenile justice service delivery system: the need to connect youths and their families with services.

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CHAPTER 1: INTRODUCTION AND BACKGROUND

The Setting in Which the Problem Occurs

The Juvenile Assessment Center (JAC)

The urgency to respond to the multiple needs of high risk youths in an area where the crime rate has grown considerably in recent years, led to the planning and development of the Hillsborough County Juvenile Assessment Center (JAC). Since 1993, under major support of Anti-Drug Abuse Act of 1988 funds, the Agency for Community Treatment Services, Inc. (ACTS) has been coordinating this 24-hour centralized adolescent receiving, processing and intervention facility in Tampa, Florida. The JAC represents an outgrowth of several years of planning and preparation in Hillsborough County. This development reflected a growing appreciation that the crises in our juvenile justice system necessitated inter-agency, collaborative efforts.

The assessment center consists of two major components. The secure wing processes youths taken into custody on arrest charges. The nonsecure side of the assessment center serves children at risk, including children and families in need of services (CINS/FINS cases), and truant youths. The focus of this practicum report is on youths processed in the secure wing who have committed misdemeanor(s) and are released to their parents/ guardians.

When youths are arrested, they are taken to JAC rather than directly to be detained. When a youth enters JAC, the arresting officer, county sheriff's office deputies operating JAC's secure

wing and Florida Department of Juvenile Justice (DJJ) staff exchange official information. The youths are given a breathalyzer test, fingerprinted and photographed. A Detention Risk Assessment Instrument (see Appendix A) is completed by intake staff on all arrested youths who are eligible for placement in the detention center. A file is opened or reopened (if the youth has been to JAC before) on each youth, and demographic and current arrest information are computer entered. It takes about six hours to complete a preliminary screening of a youth at JAC (see Appendix B for a hard copy of the computer screens of the preliminary screening package).

The processing activities at the assessment center involve three phases: (1) preliminary screening to identify potential problems the youths may be experiencing. Indication of problems in one or more of 10 psychosocial functioning areas (substance use/abuse, physical health status, mental health status, family relationships, peer relations, educational status, vocational status, social skills, leisure and recreation, and aggressive behavior and delinquency) is provided by the Problem Oriented Screening Instrument for Teenagers (POSIT) (see Appendix C) (Rahdert, 1991); (2) in-depth assessment following release from JAC, if indicated by the POSIT, followed by (3) referral for additional evaluation or treatment. The model used for these phases is the National Institute on Drug Abuse's Adolescent Assessment/Referral System (AARS) (Rahdert, 1991).

The major purpose of the misdemeanor case management unit at JAC is to review the arrest histories and current charges of youths arrested on misdemeanor offenses to determine their eligibility for involvement in one of two nonjudicial diversion programs: arbitration or the Juvenile Alternative Services Program (JASP) (see eligibility criteria in Appendix D). These programs represent alternatives to processing through the juvenile court. Upon successful completion of these programs, youths do not carry a delinquency record.

Youths meeting the criteria for arbitration or JASP are recommended to one of these respective programs by the misdemeanor case managers; and, their recommendations are forwarded to the state attorney's office for approval. Experience indicates the majority of the case managers' recommendations are approved by the state attorney's office. For example, in January 1995 the state attorney's office agreed with case manager recommendations in 88 percent of the cases.

Youths placed in the arbitration or JASP program are carried on the caseloads of JAC misdemeanor case managers until the youths successfully complete the program to which they have been assigned. If a youth fails to complete the program, the misdemeanor case manager makes a recommendation to the state attorney's office to reinstate the youth in the program, place the youth in another diversion program or file a delinquency petition against the youth. If a delinquency petition is filed,

the misdemeanor case manager transfers the case to a Department of Juvenile Justice case manager.

Admission of guilt is required for a youth to be accepted in either diversion program. The arbitration program involves a trained arbitrator (not a judge) hearing the case against a youth, obtaining relevant information from the youth, the victim and arresting officer. On the basis of this information, the arbitrator decides on sanctions against the youth. These sanctions can include community service hours, participating in a counseling program, paying restitution, or a combination of these sanctions.

JASP is a 60-day program, which provides immediate sanctions to misdemeanor offenders. It has a number of program components: community work service (where youths are assigned to complete a number of community service hours), victim restitution (where youths make monetary or other reimbursement to the victim) and counseling (which provides short-term individual, adolescent group and family counseling). JASP counselors monitor youth fulfillment of their required sanctions.

As noted earlier, during their preliminary screening at JAC, use of the POSIT identifies potential psychosocial problems the misdemeanor arrestees are experiencing. Problem areas identified by the POSIT are used to direct them into needed services. The parents/guardians of the youth are called to pick their child up at JAC the same day, and to meet with the youth's case manager.

The parents/guardians are informed of the legal issues that surround their child, the results of the youth's preliminary screening, and the case manager's recommendation to arbitration or JASP.

After youths are assessed at JAC, they are sent home with their parents/guardians to continue normal activities. It is usually several weeks before the family receives a letter from either diversion program. In the meantime, if problems are indicated by the results of the POSIT, and service recommendations are made by the case management staff, the youth and family are expected to follow through on the recommendations.

Between April and November, 1994, JAC misdemeanor unit case managers recommended 389 youths for placement in the arbitration or JASP programs. Two hundred and ninety eight (77%) of the youths were recommended for arbitration, and 91 (23%) were recommended for JASP. Most of the youths recommended for arbitration or JASP were male, averaged 14 years of age, and were white. Results of the POSIT consistently indicate large proportions of youths recommended to arbitration or JASP are experiencing problems in a number of areas. In particular, high rates of problems were identified in educational status (i.e., learning difficulties), peer relations, mental health status and social skills.

Presently, there are 19 case management staff members covering three shifts who work with the misdemeanor offenders:

a case manager supervisor, three case manager shift supervisors, seven case managers, five assessors (two of whom are backup shift supervisors), and three control room operators. The number of misdemeanor cases who are processed at JAC varies each day. Case managers do not carry a caseload as, for example, do probation or community control workers. Rather, they assume responsibility for cases only until their paperwork is completed and sent to the state attorney's office for review.

The Author's Role in the Juvenile Assessment Center

From 1986 until the summer of 1992, the author worked on research and service projects dealing with high risk youths and their families. In this work setting, the author completed interviews with juvenile detainees, tracked and reinterviewed these youths, and coordinated with various agencies to collect recidivism and other data on them. The purpose of this project was to identify the various problems experienced by the youths; and to document the relationships between their substance use and delinquency over time. This project was a contributing factor to the establishment of the Tampa JAC, and led to the author's involvement in the program.

Since 1993, the author has served as a consultant to the Juvenile Assessment Center. She has provided assistance in a number of areas including: (1) training staff on understanding youths' dependency and delinquency history information, (2) mailing follow-up correspondence to the parents of arrested

youths found to have potential substance abuse or mental health problems, advising of the availability of free in-depth assessments, and (3) completing follow-up telephone calls to the parents of youths (primarily felony cases) who were processed at JAC to determine if they followed through on referrals to various services.

The author is not directly involved in the JAC misdemeanor program. However, in her role as consultant to JAC, she gained an understanding of the various programs and activities taking place there. The knowledge gained from this experience led to the development of this practicum.

The author does not have direct control over implementing changes in the policies and activities of JAC. However, as discussed later, the intervention completed for this practicum led to experiences and results that have been incorporated into the operating procedures of JAC's misdemeanor case management unit. The enthusiastic support of JAC case management staff for this practicum reflected a commitment to implement program changes which had promise of improving services to youths and their families.

CHAPTER 2: THE PROBLEM

Problem Statement

As noted in Chapter 1, parents, guardians or responsible adults of youths arrested on misdemeanor charges are required to pick their children up at JAC the same day; and to meet with the youth's assigned case manager. The parents/guardians picking up their youths are informed of the legal issues surrounding them, and the recommendation to arbitration or JASP. Although the case managers are expected to inform the child's parents/guardians of potential problems needing further evaluation or care, this did not always occur prior to implementing this practicum. This situation was a consequence of the brief period of time the case managers worked with their assigned cases; and no policies and procedures were in place to ensure that such recommendations were routinely given.

Occasionally, follow-up services were recommended. However, no routine follow-up supportive intervention activities were in place that could clarify the nature of the follow-up service recommendations, and facilitate linking youths with needed services. As a result of this situation, relatively few youths in need of care were connected with programs.

On the basis of experience working with the case management unit at JAC, and the results of telephone interviews with the parents/guardians of thirteen clients (discussed below), the author determined there was a serious need for: (1) a mechanism to ensure that misdemeanor case managers inform parents/guardians

of their child's need for additional help, and (2) a follow-up support service (to begin shortly after discharge from JAC) involving periodic telephone calls with the youths' families, and, where indicated, relevant service agencies. Such a service strategy would be highly effective in the service linkage process.

Documentation of the Problem

In an effort to document the problem that was addressed by the practicum, 30 misdemeanor arrestees, who were processed at JAC in October 1994 and recommended for placement in arbitration or JASP, were selected for contact. Three clients had records that were incomplete at the time the author examined them, nine clients had no telephone, and four clients were not given specific service recommendations by their case managers--although their preliminary screening data indicated potential problems in one or more psychosocial areas. One client had received service recommendations, but did not have a telephone. Thirteen (13) clients had been given service recommendations and had a telephone.

Telephone interviews were completed with the parents/guardians of the thirteen youths an average of ten days following their discharge from JAC (range 2 to 16 days). Respondents were asked whether they recalled any of the recommendations made by the youth's case manager; and, if so, whether they were followed-up.

The results of these telephone calls indicated only one parent was following up on a recommended counseling program; seven parents/guardians claimed they did not recall any of the recommendations; two clients were on the run after being released from JAC; one client was placed in the Children's Crisis Center; and one client was rearrested. One client's parents were unaware of the misdemeanor arrest.

Analysis of the Problem

Factors Contributing to the Problem at JAC

Experience gained as a result of working as a consultant at JAC, and informal interviews with misdemeanor case management staff, indicate several factors are responsible for the lack of: (1) providing specific recommendations for needed services to the parents/guardians of all arrested youths, and (2) providing supportive follow-up services for misdemeanor youths and their families. First, there are a limited number of misdemeanor case managers to process the large and increasing number of youths arrested on these charges; and to complete the extensive paperwork required for their placement in the arbitration or JASP programs. These pressures limit the amount of "quality time" the case managers spend with parents/guardians. Second, current policy places limits on the scope of work of the misdemeanor unit case managers; and, do not require, for example, follow-up telephone calls to assist families in connecting with needed services. Third, the importance of having a follow-up service

component had not been documented; hence, there was no justification for assigning personnel and material resources to this activity. As discussed in more detail later, one of the benefits of this practicum to the JAC program was documenting the value of the solution strategy, so that it could be incorporated into the responsibilities of the case management unit.

Review of the Literature

There is growing awareness of youth crime and related problems among juveniles entering the justice system. Many youths involved with the juvenile justice system have been found to have serious problems in emotional/psychological functioning (with some of these problems resulting from physical abuse or sexual victimization experiences), to be involved in alcohol or other drug use, to be experiencing educational difficulties, to have deviant peers, and to grow up in troubled families (Dembo, Turner, Chin Sue, Schmeidler, Borden & Manning, in press; Dembo, Williams, Wothke & Schmeidler, 1994; Dembo, Williams, Wothke, Schmeidler & Brown, 1992; Farrington, 1990; Hunner & Walker, 1981; Lewis, Lovely, Yeager & Famina, 1989; Lewis, Shanok, Pincus & Glaser, 1979; National Institute on Drug Abuse, 1992; Tonry, Ohlin & Farrington, 1991; Wick, 1981).

Further, evidence has been accumulating that treating individuals' alcohol/other drug use, and other psychosocial, problems can result in significant decreases in delinquency/crime (Catalano, Hawkins, Wells, Miller & Brewer, 1990-91; Gerstein &

Harwood, 1990; Hubbard, Marsden, Rachal, Harwood, Cavanaugh & Ginzburg, 1989; Wexler, Falkin & Lipton, 1988).

Systems of care have been developed for children living in environments of abuse and neglect. Recognition has also increased that systems of care need to be developed to identify troubled youths entering the justice system, and link them with needed programs/services. In particular, it is more cost efficient and effective to link youths with non-serious offense histories, who generally require services for a shorter period of time, to needs-based services, than to provide these services to older, felony offenders. This strategy gives hope of directing non-serious offenders' patterns of behavior in more prosocial ways at an early point, rather than treating the more serious problems they are likely to develop in later adolescence (Klitzner, Fisher, Stewart & Gilbert, 1991).

This focus on early intervention is consistent with a major, emerging interest of the Office of Juvenile Justice and Delinquency Prevention (OJJDP). Youths entering the juvenile justice system having a first time misdemeanor charge, for example, are excellent candidates for early intervention with appropriate services to meet their needs. "To have greatest impact, assistance must reach families before significant problems develop" (OJJDP, 1993, p. 15). "First-time delinquent offenders (misdemeanors and nonviolent felonies) and nonserious repeat offenders (generally misdemeanor repeat offenses) must be

targeted for system intervention based on their probability of becoming more serious or chronic in their delinquent activities" (OJJDP, 1993, p. 20). The importance of early intervention is also stressed in recent studies completed by the Pacific Institute for Research and Evaluation (1989) and Armstrong (1991).

With relatively few exceptions (which are discussed in chapter 4), existing studies do not seek to identify and address the service needs of misdemeanor arrestees, or present strategies to link them with needed services. For example, in a detailed review of the field, Klitzner, Fisher, Stewart & Gilbert (1991) found very few programs that focused on preadjudication or postadjudication early intervention programs in juvenile justice settings. The literature focuses on youths with serious offense histories, who are more deeply involved with the juvenile justice system (see, for example, Armstrong, 1991).

It is unfortunate that the juvenile justice system becomes concerned with youths' behavior only after they have been to court several times. At this point, many youths have developed a life-style of criminal behavior and related problems--including the use of alcohol and other drugs; are experiencing problems in school; and they have probably failed in a number of supervision programs. As noted above, the limited resources, and large number of youths entering the juvenile justice system, has led to a focus on developing post-adjudication programs. Youths

arrested on misdemeanor charges are often handled informally, or placed in diversion programs, without, as a review of the literature indicates, attention being directed to any underlying problems they may be experiencing. There is a serious need for intervention services for nonserious offenders, which involve identifying the problems they may be experiencing; and linking them with needed services or programs.

With the establishment of Juvenile Assessment Centers in Florida, increasing interest is being shown in intervening with youths arrested on misdemeanor charges, in an effort to reduce their moving deeper into the juvenile justice system. This is a key purpose of case management unit at JAC, which is serving as a prototype for the rest of the state.

CHAPTER 3: GOALS AND OBJECTIVES

As discussed in chapters 1 and 2, misdemeanor youths processed at JAC are experiencing multiple problems. There is a need to ensure that case managers provide the parents/guardians of misdemeanor youths with recommendations for any needed services. In addition, a follow-up support service, involving periodic telephone calls with the youths' families, needs to be implemented and evaluated. The service linkage strategy developed by the author reflected a critically needed service addition to JAC's operating procedure.

Drawing upon the need for this service component, and the purposes of the misdemeanor case management unit, four goals and their associated objectives were developed for this practicum. These goals and objectives were expected to be accomplished during a ten week implementation period.

Goal 1: Misdemeanor case managers would show an increase in the percent of parents/guardians receiving needed recommendations for follow-up services for their children.

Objective:

As a result of the implementation of the author's practicum, it was expected there would be a fifty percent increase in parents/guardians of misdemeanor youths having potential problems receiving case manager recommendations for follow-up services, when compared to the four week period preceding the beginning of the intervention.

Goal 2: The misdemeanor follow-up intervention would increase parent/guardian knowledge of case manager recommendations for services.

Objective:

Forty percent more of the parents/guardians of misdemeanor youths recommended for arbitration or JASP, who received follow-up intervention, would be able to recall the recommendations made by misdemeanor case managers, than the parents/guardians of control group misdemeanor youths.

Goal 3: The misdemeanor follow-up intervention would improve linking youths and parents/guardians with recommended services.

Objectives:

1. Forty percent more of the youths and parents/guardians receiving intervention services would contact service programs recommended by misdemeanor case managers, than youths and parents/guardians of control group youths.
2. Fifteen percent more of misdemeanor youths and parents/guardians receiving intervention services would apply for the services recommended by misdemeanor case managers, than youths and parents/guardians of control group youths.
3. Fifteen percent more of misdemeanor youths and parents/guardians receiving intervention services would receive

the services recommended by misdemeanor case managers, than youths and parents/guardians of control group youths.

Goal 4: Parents/guardians of misdemeanor youths receiving intervention services would indicate a greater degree of helpfulness of JAC case management services.

Objective:

Twenty percent more of the parents/guardians of misdemeanor youths receiving intervention services would indicate they found JAC case management services were helpful, than parents/guardians of control group youths.

CHAPTER 4: SOLUTION STRATEGY

Review of Existing Programs, Models, and Approaches

The General Accounting Office (GAO) (1992) completed a review of different strategies to integrate human services. Various system efforts and service reform efforts were compared. System reform efforts include changing the way agencies plan and fund their programs, and eliminating some of the paperwork involved in the operation of these programs (e.g., data collection, reporting requirements). The GAO found that system oriented efforts faced a number of obstacles, and, at best, met with partial success. Among the problems these efforts encountered were: (1) the difficulty in getting agencies to reach consensus on the problems they needed to face, and how these would be addressed; (2) agency concern about protecting their identities, ideologies and resources; and (3) reluctance to combine personnel and resources.

Service oriented efforts attempt to eliminate fragmentation of services by seeking ways to create a new delivery system of services in a more comprehensive manner. These efforts are less ambitious in scope. They seek to connect clients with existing services, and establish collaborative relationships among different service providers, without changing agency service responsibilities, the manner in which programs are budgeted and funded, or the structure of service agencies.

Service oriented efforts were found to be more effective in linking at-risk families with programs, and providing health and

other support services. Because these program efforts did not seek to alter agency structures and operations, they were successful in convincing providers of the need to coordinate their efforts, establish common goals and develop administrative procedures to effect program changes (GAO, 1992). The follow-up support service strategy implemented in this practicum reflected this service oriented approach.

Unfortunately, as noted earlier, there are few examples of service linking strategies involving youths in the juvenile justice system (Klitzner, Fisher, Stewart & Gilbert, 1991). In fact, a special literature search completed for this practicum by the Juvenile Justice Clearinghouse did not identify any programs which could inform its efforts. There is a special need for service linkage programs for misdemeanor offenders, who often receive citations to appear in court--and are nót provided any intervention services to address problems they may be experiencing.

Klitzner et al. (1991) did find one promising pre-adjudication program. The Family Education Program is operated by the Prevention and Intervention Center for Alcohol and Drug Abuse (PICADA) in Madison, Wisconsin; and has been subject to preliminary outcome evaluation. PICADA is a diversion program, providing a number of intervention services, including screening, assessment, education and referrals to adolescents and their families. The goals of the program are to: (1) increase

knowledge about alcohol/other drugs, (2) increase clients' ability to identify and communicate attitudes about alcohol/other drugs, (3) promote attitude change, (4) increase clients' abilities to more accurately assess their substance use/abuse and (5) increase clients' willingness to accept PICADA's referrals. Program activities include family attendance at an educational lecture, and family and adolescent participation in screening for alcohol/other drug abuse problems. A preliminary evaluation, involving pre- and posttest measurements in the absence of a control or comparison group, provided some evidence that the program led to intended changes in knowledge, attitudes and feelings regarding substance use, when assessed shortly after program participation.

Involving families in the service process is one of the ingredients contributing to the success of PICADA, as is the relatively small number of clients the program services. For services at the front end of the juvenile justice system in jurisdictions which process many cases, and have limited personnel, it is easy to have youths fall through the gaps in the system. There is a critical need to connect youths, released to their parents or guardians, with needed services. Although statutes exist which permit judges to involuntarily order youths into services, judges are understandably reluctant to use this option. Accordingly, service linkage strategies, which provide encouragement and support to the parents/guardians of released

youth, as well as seek to connect them with agencies/programs, can provide a vital, and much needed, service component.

In recent years, considerable thought and program development have occurred in the area of intensive post-adjudication supervision (Armstrong, 1991; Altschuler and Armstrong, 1990), which serves youths who are already involved in the juvenile justice system. This program emphasis is understandable for several reasons: 1) there is growing public concern about juvenile crime, especially violent crime; 2) current political and public policy, fueled by a number of heavily reported, visible youth crimes (e.g., murders of foreign tourists), emphasize the need to build more secure, long term facilities for youthful offenders; and 3) limited resources and staff in the juvenile justice system.

An intensive aftercare probation supervision service for juveniles in Philadelphia is an example of a successful postadjudication program (Sontheimer, Goodstein & Kovacevic, 1990). A study of this program compared two groups of juveniles. Experimental group probation officers had caseloads of 12 clients or less; they met with their clients at least once a month during incarceration and three times a week after they were released. Control group probation officers had caseloads of 90, and met with juveniles at their discretion. Evaluation showed that juveniles who were assigned to the intensive aftercare group were more likely to leave residential placement with definite plans

for work and/or school, than those in the control group. Experimental group juveniles were more cooperative with their probation officers, and experienced fewer adjustment problems related to family relations and school, than control group youths. Importantly, fifty percent of the youths assigned to the experimental group were rearrested, compared to 64 percent of control group juveniles.

Another example of a successful postadjudication program is provided by the Regional Youth Educational Facility (RYEF) in California (Skonovd & Krause, 1991). The RYEF is an intensive, six month residential program designed to encourage delinquent youths to internalize effective survival skills and to accept responsibility for their behavior. The residential component of this program is followed by a four to six month intensive aftercare period, which encourages the youths to realize the work, educational, and personal goals they set for themselves before their release. An evaluation study of the RYEF, involving a comparison group of youths completing another program, found that, at six months, the recidivism rate for the RYEF group was 16 percent, compared to 45 percent for the comparison group.

The Philadelphia intensive aftercare probation service and RYEF program contain a common element accounting for their success. In both cases, youths were given follow-up support services.

Studies of service utilization have identified a number of factors that are related to families not accessing and using mental health, social and medical services. A recent, national study of service utilization (Arcia, Keyes, Gallagher and Herrick, 1993) identified a number of sociodemographic factors that were associated with health and social service underutilization: minority ethnic status (black, Latino, native American and other ethnic minorities); very low income (VLI) (family income below 150% of the poverty line); mother in the labor force (limiting the amount of time to access services); female headed household (resulting in limited financial resources); maternal education less than 12 years; having a large family; and being a teen mother.

Based on these criteria, analyses showed that sizeable percentages of U.S. children had one or more of these determining factors of service underutilization. For example, the research indicated that "of children under 5 years of age, 32% were of ethnic minority, 35% lived in families with VLI, and 54% had mothers in the labor force" (p. 293). Drawing upon their findings, the authors proposed a number of policy recommendations to improve service utilization. Key among these recommendations are policies to improve enabling factors, which enhance the ability of families to use services (e.g., reducing costs, and placing services closer to the families that need them); and policies that empower families (e.g., allowing families to define

their members, to choose their service coordinators and to choose the language for assessments and services).

In a related paper, Allen, Affleck, McGrade and McQueeney (1984) reviewed the factors which present obstacles to the success of early intervention programs. Their discussion focused on lower socioeconomic (SES) families with children experiencing developmental delays. A number of such factors were identified, including issues with verbal skills and styles of verbal interaction (differences in these two areas have been found to inhibit lower-SES parents' ability to understand and to implement recommended activities); maternal interactional styles (e.g., early intervention interaction for lower-SES parents needs to be consistent with their normal patterns of interaction with their children); differences in values and attitudes between lower-class parents and middle-class therapists treating them; lower class living conditions (e.g., lower-SES parents often devote most of their time and energy to cope with environmental stresses, and have limited time to attend to their child's special needs); parents' perceptions of the child's handicap (e.g., lower-SES parents of children who do not display specific, visible disorders are often less motivated to comply with professionals' recommendations, than middle or upper-class parents). The authors urge: (1) that better ways be found to involve parents in these early intervention programs, (2) greater

program flexibility, and (3) altering interventions to accommodate parental diversity.

Underutilization of services has been a continuing concern in the mental health field. In particular, dropping out from psychotherapy and other mental health services is a major problem for clinicians and administrators; and a number of studies have examined these issues. For example, Tolan, Ryan and Jaffe (1988) examined the client, referral process, service process and provider factors relating to outcomes of contact with an outpatient adolescent mental health clinic. The study of this clinic, which was located in a large urban medical center, covered a three year period. The outcome measures included: (1) returning after an initial screening interview, (2) how far clients proceeded along the clinic's four-stage process--contact, screening, diagnosis and treatment and (3) the total number of sessions for each client.

The research found that few client characteristics or referral process (e.g., referral source, method of payment), and none of the provider (e.g., sex, age, ethnicity and professional discipline of screener and therapist), factors studied were associated with any of the outcome measures. However, significant associations were found between service process characteristics and adolescents' use of the clinic's services. In particular, clients were more likely to complete the clinic's service process, and to remain in treatment: (1) if they had

contact with only one service provider, and (2) if their parents and other family members were included in the diagnostic sessions and in treatment.

In another study, Sirles (1990) examined factors relating to dropping out at the intake, diagnostic and treatment stages at an outpatient child psychiatry clinic in an urban area. Characteristics of 321 children, their families, their clinical process experiences, and their service usage were studied. Data were collected at three points in time: (1) intake, (2) upon completion of diagnostic procedures and (3) at the termination of the client's case.

Results indicated sixty-eight percent of the cases self-terminated from services at the clinic, with twenty-one to twenty-four percent of the cases terminating at intake, diagnostics and treatment. Analysis showed different factors were associated with self-termination at each of these three stages, although client demographic factors were not significant predictors of dropout at any stage. The intensity of the client's problems and the method of receiving clients into services were the best predictors of dropping out before treatment. Clients with low motivation to receive care, and who received unacceptable services in the pretreatment stages, tended to dropout before therapy became available.

Overall, clinical process factors were found to be the best predictors of dropout. In particular, when family members were

involved in the intake, diagnostic and treatment process, there was an increase in the likelihood of commitment to receive services. In order to avoid clients becoming discouraged after the intake stage, clinicians need to be careful not to extend the diagnostic process beyond a few sessions.

Description of the Solution Strategy

The author's solution strategy involved two phases. The first phase involved working with case management staff, and assisting them in making specific service recommendations to the parents/guardians of youths with problems. In the second phase, the author implemented a follow-up support service, involving periodic telephone calls with the youths' families, and, where indicated, relevant service agencies.

The author's solution strategy was informed by the consistent findings in the literature identifying program service delivery factors related to service utilization. In particular, although little can be done to alter clients' sociodemographic characteristics, the process by which services are delivered can be changed in an effort to engage persons into needed programs. Further, efforts that involve parents in the service linkage process by informing them of their child's need for services, and which seek to engage them in a collaborative follow-up effort, serve to affirm their importance and empower them (Dunst et al., 1988).

Phase 1 involved the author's meeting with Juvenile Assessment Center case management supervisors and staff. These meetings stressed the importance of providing specific service recommendations to the parents/guardians of youths picked up at JAC, whose preliminary screening indicated a need for follow-up services. In order to facilitate this effort, the author contributed to the development of a user friendly service provider list, which was made available to case management staff. Phase 2 of the author's solution strategy involved working with the families of misdemeanor youths, who had been randomly assigned to receive follow-up, telephone support services, for a two week period to: (1) answer any questions they had regarding the service recommendations that had been made for their child, (2) coach them on how to access services and (3) otherwise assist them in receiving needed services. These telephone calls took place at various times during the day.

CHAPTER 5: STRATEGY EMPLOYED - ACTION TAKEN AND RESULTS

Activities Completed For the Practicum

A number of tasks were completed during the ten week implementation period of this practicum. These activities are presented in Appendix E. Data collection relating to Goal 1 was completed by the author of this practicum report. In regard to Goals 2, 3 and 4, the author also completed the telephone calls to the parents/guardians of misdemeanor youths assigned to receive the follow-up support service. However, follow-up, outcome telephone interviews with the parents/guardians of intervention (i.e., experimental) group youths, and telephone and in person interviews with control group youths, were completed by independent interviewers, who did not know the groups to which the youths were assigned.

Phase 1: Meeting with Case Management Unit Supervisors and Staff

The first part of the author's solution strategy was to meet with misdemeanor case manager supervisors, and to work individually with their staff, to reinforce the importance of providing specific follow-up service recommendations to the parents/guardians of youths, whose preliminary screening data indicated potential psychosocial problems. The author's work was also supported by her attendance at a weekly meeting of the case manager supervisors; and frequent contact with case management staff. (The author of this practicum report had already gained the trust and support of the case manager supervisors for the practicum.) The case managers were helped in their work by a

listing of service agencies, which the author of this practicum report prepared (see Appendix F).

Phase 2: Working with the Families of Misdemeanor Youths

The second part of the implemented solution strategy concerned the misdemeanor youths processed at JAC and their parents/guardians. Beginning December 1, 1994, a sample of 50 misdemeanor youths recommended for arbitration or JASP, who met the criteria of having been given service recommendations by a misdemeanor case manager and had a telephone, were randomly selected over a period of four weeks: 25 for the experimental group and 25 for the control group. (As expected, statistical analysis indicated the two groups did not differ significantly in regard to race, ethnicity, sex, age, and whether the youths were arbitration or JASP cases.)

During a two-week intervention period, the parent/guardian of each youth in the experimental group was contacted by telephone an average of six times. The purpose of these telephone calls was to coach them on how to access services and otherwise assist them in receiving needed services. An effort was made to work with the same parent/guardian during this intervention period. Each parent/guardian of control group youths was contacted by telephone (and, in a few instances, in person) only one time. This occurred during the follow-up phase of the practicum.

Experimental group parents/guardians were called the day following the youth's processing at JAC to review the case manager's service recommendations. As noted above, after the initial telephone call, intervention group parents/guardians were called an average of six times.

Meeting Goal 1 and Its Objective

As discussed in chapter 3, it was anticipated that there would be a fifty percent increase in parents/guardians of misdemeanor youths having potential problems receiving case manager recommendations for follow-up services. This analysis involved a comparison of a random sample of 50 cases assessed at JAC before phase 1 of the implemented solution strategy with a random sample of 50 cases assessed at JAC after phase 2.

During the period before phase 1 began, 43 of the 50 youths had indicated problems. Of these 43 youths, only 35 (81%) received service recommendations from their case managers. During the period after phase 2, 46 of the 50 youths had indicated problems. Of these 46 youths, 41 (89%) received service recommmendations from their case managers. There was a decrease of eight percent (from 19% to 11%) in the instances where case managers failed to make recommendations (a 42% reduction). Although this percent change fell eight percent short of the 50 percent level targeted for the practicum, this figure is rather impressive--given the relatively short period of the practicum intervention.

As noted earlier, this aspect of the practicum was helped by a service provider list the author prepared. This list served as a resource guide to case managers in making more specific service recommendations to parents/guardians. Subsequently, a JAC staff member added several service agencies to this listing. This revised list of services and associated agencies has been entered in the Juvenile Assessment Center's provider list file.

Meeting Goals 2, 3 and 4 and their Objectives

The impact of this aspect of the solution strategy was assessed during the follow-up phase of the practicum. For the youths, the follow-up period covered 30 days (including weekends) following the date they were processed at the Juvenile Assessment Center. The follow-up telephone interviews with the parents/guardians of experimental group youths, and follow-up telephone calls and (in a few instances where telephones had been disconnected) in person interviews with control group youths, were conducted by independent interviewers.

As noted earlier, the author of this practicum report attended a weekly case management staff meeting to encourage staff to make specific service recommendations to parents/guardians. She also made periodic visits to each of the three shifts to talk with the case managers to emphasize the importance of making specific service recommendations; and to stress the key role they play in helping parents/guardians understand the service recommendations and advising them of needed services. Further, she made additional visits to JAC to observe the case

managers' activities. Detailed notes were kept of these meetings, visits and observations (see Appendix G for a copy of these notes). These observation and monitoring activities enabled the author of this practicum report to become quickly aware of problems affecting the implementation of the practicum, and to address any unanticipated obstacles to completing the practicum.

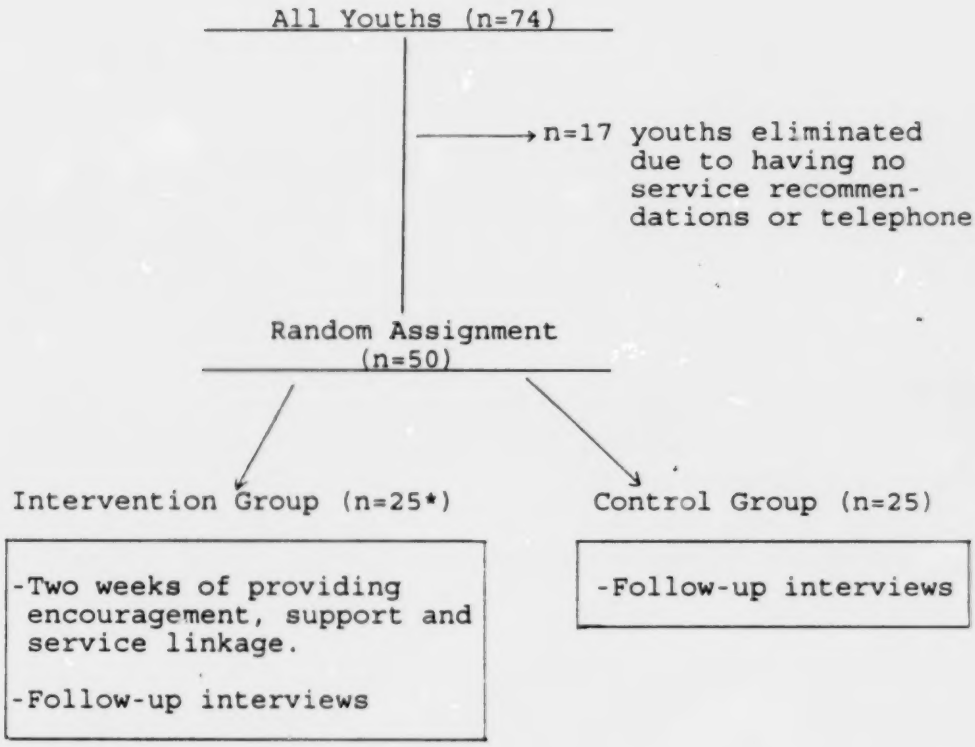
A key evaluation instrument used in this practicum to assess whether Goals 2, 3 and 4, and their associated objectives, were achieved was an interviewer follow-up form. A copy of this form appears in Appendix H.

Before presenting the results of analyses relating to whether Goals 2, 3, and 4, and their associated objectives, were achieved, it is important to discuss two general topics: the flow of youths and their families into the practicum, and the issue of the generalizablity of the practicum's findings. The latter involves examining whether youths involved in the practicum project were similar, in terms of their demographic characteristics, to youths who were excluded due to having no telephone or not being provided specific service recommendations to address problems identified in the JAC preliminary screening process.

In regard to the flow of youths and their families into the practicum, Figure 1 indicates that, overall, 74 cases were involved in one way or another in phase 2 of the practicum project. Seventeen of these youths were eliminated prior to

FIGURE 1

FLOW CHART OF YOUTHS/FAMILIES INVOLVED IN THE PRACTICUM


All Youths (n=74)
n=17 youths eliminated due to having no service recommendations or telephone
Random Assignment (n=50)
Intervention Group (n=25*)
Control Group (n=25)
-Two weeks of providing encouragement, support and service linkage.
-Follow-up interviews
-Follow-up interviews

*Seven intervention cases were eliminated following the initial telephone call, due to a variety of reasons, principal among these being the child already was receiving services or the parent did not feel the child needed services. Seven randomly selected cases were substituted for the eliminated cases.

random assignment due to not having a telephone or being provided with no specific service recommendations. Initially, 25 youths were randomly assigned to the intervention group, and 25 were randomly assigned to the control group. However, following their initial telephone calls, seven intervention group cases were excluded from the practicum due to a variety of reasons. Principal among these reasons was the child was already receiving services or the parent felt their child did not need services. These seven youths were replaced by an additional seven cases who were randomly assigned to the intervention group.

Comparison was made between the 17 excluded youths and the 50 youths who were involved in the practicum project in regard to their gender, race (black vs nonblack [predominantly white]), ethnicity (Hispanic vs nonHispanic), age, and whether they were recommended to arbitration or JASP. The results indicated the youths in both groups were similar to one another on these characteristics.

As discussed in chapter 3, Goal 2 and its associated objective related to an increase in parent/guardian knowledge of JAC case manager service recommendations. In particular, it was indicated that 40 percent more of the parents/guardians of misdemeanor youths receiving intervention services would be able to recall the recommendations made by misdemeanor case managers, than the parents/guardians of control group misdemeanor youths.

Examination was made regarding whether Goal 2 and its objective had been achieved by completing a cross-tabulation analysis comparing whether interviewed intervention and control group parents recalled or did not recall the service recommendations they had been given. For the purposes of this analysis, a parent/guardian who recalled at least one of the case managers service recommendations was considered to have remembered them. It should also be noted that follow-up interviews were completed with 24 control group cases. One control group case could not be reached by telephone or contacted for a personal interview.

As Table 1 shows, 71 percent of intervention group families, compared to 39 percent of control group families, recalled the service recommendations given them by JAC case managers. Although the percent difference of 32 percent falls short of the hypothesized 40 percent difference, this result is statistically significant. One reason accounting for this significant difference in recall is the fact that the author of this practicum contacted intervention group families soon after they left JAC, and worked with them for a sufficient period of time to reinforce the importance of these service recommendations.

As discussed in chapter 3, Goal 3 and its associated objectives related to an increase in parent/guardian contacting service programs recommended by JAC case managers; and applying for or receiving these services. In particular, in regard to

TABLE 1

NUMBER AND PERCENT OF INTERVENTION GROUP AND CONTROL GROUP PARENTS/GUARDIANS RECALLING JAC CASE MANAGER SERVICE RECOMMENDATIONS

		Group	
		Intervention Group	Control Group
Recalled Service Recommendations	yes	71% (n=17)	39% (n=9)
	no	29% (n=7)	61% (n=14)
		100% (n=24)*	100% (n=23)*

chi-square=4.79; df=1; p<.05

*Two cases (one in each group) were eliminated from this analysis, since a minister, who accompanied the family to JAC, was recommended to provide services to the youths.

contacting service programs (Objective 1), it was indicated that 40 percent more of the parents/guardians of misdemeanor youths receiving intervention services would contact service programs recommended by misdemeanor case managers, than the parents/guardians of control group misdemeanor youths.

Determination of whether Goal 3, Objective 1 had been achieved was made by cross-tabulation analysis, comparing whether interviewed intervention and control group parents contacted or did not contact one or more recommended service program. The results of this comparison, shown in Table 2, indicate that 60 percent of intervention group families, compared to 21 percent of control group families, contacted recommended service programs. This 39 percent difference is just one percent short of the hypothesized 40 percent difference, and is statistically significant.

In regard to applying for services (Objective 2), it was indicated that 15 percent more of the parents/guardians of misdemeanor youths receiving intervention services would apply for services at programs recommended by JAC misdemeanor case managers, than the parents/guardians of control group misdemeanor youths. To address this issue, cross-tabulation analysis compared whether interviewed intervention and control group parents applied or did not apply to one or more recommended service programs. As Table 3 indicates, 56 percent of intervention group families, compared to 17 percent of control

TABLE 2

NUMBER AND PERCENT OF INTERVENTION GROUP AND CONTROL GROUP PARENTS/GUARDIANS CONTACTING JAC CASE MANAGER RECOMMENDED SERVICE PROGRAM

		Group	
		Intervention Group	Control Group
Contacted Recommended Service Program	yes	60% (n=15)	21% (n=5)
	no	40% (n=10)	79% (n=19)
		100% (n=25)	100% (n=24)

chi-square=7.77; df=1; p<.01

TABLE 3

NUMBER AND PERCENT OF INTERVENTION GROUP AND CONTROL GROUP PARENTS/GUARDIANS WHO APPLIED FOR SERVICES RECOMMENDED BY JAC CASE MANAGERS

		Group	
		Intervention Group	Control Group
Applied For Services	yes	56% (n=14)	17% (n=4)
	no	44% (n=11)	83% (n=20)
		100% (n=25)	100% (n=24)

chi-square=8.15; df=1; p<.01

group families, applied for services. This 39 percent difference exceeds the hypothesized 15 percent difference, and is statistically significant.

In terms of receiving services (Objective 3), it was indicated that 15 percent more of the parents/guardians of misdemeanor youths receiving intervention services would receive services at programs recommended by JAC misdemeanor case managers, than the parents/guardians of control group misdemeanor youths. Cross-tabulation analysis shown in Table 4, comparing whether interviewed intervention and control group parents received or did not receive recommended services, found that 29 percent of intervention group families, compared to 12 percent of control group families, applied for services--a 17 percent difference. Although this percent difference exceeds the hypothesized 15 percent difference, it is not statistically significant (due to the small number of cases in the analysis).

As discussed in chapter 3, Goal 4 and its associated objective related to the felt helpfulness of JAC case management services. In particular, it was expected that twenty percent more of the parents/guardians of misdemeanor youths receiving intervention services would indicate they found JAC case management services were helpful, than the parents/guardians of control group youths.

Two separate analyses were completed to determine whether this objective had been met. First, the follow-up interviewer

TABLE 4

NUMBER AND PERCENT OF INTERVENTION GROUP AND CONTROL GROUP PARENTS/GUARDIANS WHO RECEIVED SERVICES RECOMMENDED BY JAC CASE MANAGERS

		Group	
		Intervention Group	Control Group
Received Services	yes	29% (n=7)	12% (n=3)
	no	71% (n=17)	88% (n=21)
		100% (n=24)*	100% (n=24)

chi-square=2.02; df=1; p=n.s.

*One case excluded, since it was learned the child was already in treatment.

asked each parent/guardian in the intervention and control group how helpful they felt JAC case management services were. As Table 5 indicates, there was no statistically significant difference in perceived helpfulness of services between intervention and control group parents/guardians.

More important, however, are the results of a related analysis, shown in Table 6. This analysis compared, for intervention group parents/guardians only, their perceived helpfulness of JAC case manager and the interventionist's services. As can be seen, 94 percent of the respondents claimed the interventionist's services were very or extremely helpful, whereas 58 percent of the respondents indicated the services provided by JAC case managers were very or extremely helpful! This difference is statistically significant. (Although the follow-up interview form did not include a question specifically probing this issue, the follow-up interviewer systematically asked each respondent about this matter.)

Examples of Successful Intervention with Families

The above reported statistical analyses indicate the impact of the strategy employed by the practicum author in connecting misdemeanor youths and their families with needed care. The following three examples document, in human terms, the value of this intervention.

Jaudon, a 16 year old black male, was arrested for marijuana possession, and assessed at JAC the first week of the

TABLE 5

NUMBER AND PERCENT OF INTERVENTION GROUP AND CONTROL GROUP PARENTS/GUARDIANS INDICATING JAC CASE MANAGEMENT SERVICES WERE HELPFUL

	Group	
	Intervention Group	Control Group
Not at all Helpful	8% (n=2)	6% (n=1)
Somewhat Helpful	33% (n=8)	29% (n=5)
Very or Extremely Helpful	58% (n=14)	65% (n=11)
	99% (n=24)*	100% (n=17)*

Chi-square=0.20; df=2; p=n.s.

*Excludes eight cases (one in the intervention group and seven in the control group) with missing information.

TABLE 6

NUMBER AND PERCENT OF INTERVENTION GROUP PARENTS/GUARDIANS INDICATING HELPFULNESS OF JAC CASE MANAGER (CM) AND INTERVENTIONIST SERVICES

	Intervention Group:JAC CM	Intervention Group:Interventionist
Not at all Helpful	8% (n=2)	0% (n=0)
Somewhat Helpful	33% (n=8)	6% (n=1)
Very or Extremely Helpful	58% (n=14)	94% (n=16)
	99% (n=24)*	100% (n=17)**

chi-square=6.55; df=2; p<.05

*Excludes one case in the intervention group with missing information.
**Excludes eight cases which did not evaluate the helpfulness of the interventionist.

intervention period. The telephone number recorded at JAC was the client's private line rather than his mom's, so he gave the practicum author her telephone number. It was several days before the mother was reached. This case was about to be eliminated when the mom finally answered the telephone. The recommendation from the case manager was for the mom to call the Youth Outpatient Program (YOP). She did not remember that suggestion, but said she would call the next day. The practicum author told her she would call her in a couple of days. Since the mom works two jobs, she gave the practicum author her sister's telephone number in case she could not be reached at home.

During one of three calls to the mom, and subsequently to her sister, it was learned that mom did not understand how she was to communicate with the YOP. The practicum author explained to the sister that this program was for short-term residential drug treatment for Jaudon's frequent use of marijuana. The mom made arrangements for Jaudon to go to this treatment facility. He had wrecked his grandmother's car under the influence of marijuana, and realized he needed help. He voluntarily went to the facility and remained there for drug evaluation and treatment. Mom feels this has made a big difference in her son's life, and was very grateful for the persistence of the intervention.

****

Anna, a 14 year old Hispanic female, was out on a church outing to the mall, and was picked up for shoplifting. Her mom and the minister of their church came to JAC to pick her up that evening. The minister asked the case manager if he could be assigned to counsel with Anna on a regular basis rather than a private outside agency, and this met with approval. In addition to sessions with the senior pastor and youth pastor, mom initiated counseling sessions with Life Connection, and they began within a couple of weeks. The mom was grateful for the intervention, because it encouraged her to follow through on getting Anna the help she needed; and she realized that the juvenile justice system was interested in what happened to Anna.

****

Christy is a 17 year old white female, who lives with her husband, two-year old child, mother-in-law and father-in-law. She was picked up for shoplifting. The case manager recommended that Christy pursue vocational training. It is difficult to obtain a job without a high school education. The intervention with the mother-in-law helped her to decide to enroll Christy in classes to obtain her GED. As it turned out, both Christy and her mother-in-law began attending these classes together.

CHAPTER VI: CONCLUSION - IMPLICATIONS AND RECOMMENDATIONS

Summary of Findings

The results of this practicum document that the follow-up support intervention was successful and addressed an important need among case management unit staff, misdemeanor youths processed at JAC and their families. In particular, developing an agency resource referral listing, and coaching case managers on the use of this list and on the importance of providing parents/guardians with specific service recommendations, was found to improve their rate of providing such recommendations (see narrative on p. 31).

Impressive results were also found in regard to service recommendation recall, service linkage and felt helpfulness of services among families of misdemeanor youths randomly assigned to receive follow-up telephone support for a two week period. Specifically, compared to control group families, intervention group families were significantly more likely to recall case manager provided service recommendations (Goal 2--see Table 1, p. 37), to contact recommended service programs (Goal 3, Objective 1--see Table 2, p. 39), to apply for recommended services Goal 3, Objective 2--see Table 3, p. 40), and more likely to evaluate the interventionist's services as very or extremely helpful (Goal 4--see Table 6, p. 45). The percent differences reflected in these analyses were close to or exceeded those that were specified prior to the initiation of the ten week practicum intervention period. (It is important to note that,

since the author did not randomly select youths and their families for phase 2 of this practicum, statistical tests based on the random model, strictly speaking, do not apply. However, these tests were used to highlight relationships.)

The percent difference between intervention group and control group families' receiving recommended services (17%) exceeded the hypothesized percent difference of fifteen percent (Goal 3, Objective 2--see Table 4, p. 42). However, due to the relatively small number of cases involved in this analysis, the result was not statistically significant.

Program Implications and Recommendations

The results of this practicum have a number of important implications for the operation of JAC's case management unit. The findings highlight the importance of having a follow-up, support service added to the case management unit. This service component would work with the families of misdemeanor youths, identified by the JAC preliminary screening process as having potential problems, and seek to link them with needed services. Although it would be optimal for such a service to be provided by case management staff, volunteer staff could be trained for this important activity.

As this practicum demonstrated, this service component has considerable promise of addressing a major problem in the juvenile justice service delivery system: the need to connect youths and their families with services. Too many troubled youths entering the juvenile justice system fall through the

cracks of the service delivery system. Since most of the youths processed through JAC have telephones, a telephone support service represents a cost efficient method of addressing this issue. The misdemeanor youths serviced by the juvenile assessment center case management unit represent a critical target group for intervention. They tend to be younger, and are less seriously involved in delinquency, than youths processed at JAC who are arrested on felony charges. Addressing their problems will reduce their chances of moving deeper into the juvenile justice system.

Further, the results of this practicum highlight the need for ongoing training of case management staff, and a thorough training of new staff, to focus their efforts on identifying youths' potential problems; selecting appropriate agencies/ programs to address these problems; sharing this information with parents/guardians picking up their children at JAC; and seeking to link troubled youths and their families with these services. Although identifying youths' problems is important, it is essential to respond to these problems by placing troubled youths in needed care.

The experience gained in this practicum highlights the need for a service coordinator at the juvenile assessment center. This person would be responsible for ensuring effective communication among different JAC units; for training new and regular staff in identifying youths' potential problems; and for

monitoring staff enactment of a primary function of JAC: identifying youths' problems and seeking to remediate them.

Implications for Related Professionals

The results of this practicum indicate that this solution strategy can be adapted for use in settings in which there is a need to encourage clients to follow through on service recommendations. In particular, this relatively low cost, but effective, follow-up support service is recommended for use in Juvenile Assessment Centers that are being established in other parts of Florida. The solution strategy is also of potential value for use in other settings, such as schools or mental health clinics.

Program Development and Other Products of this Practicum

This practicum resulted in a number of program changes and concrete products, which promise to improve the efficiency and quality of service JAC case managers provide to the families of misdemeanor youths. In particular, the practicum author was a key contributor to the development of a service provider list (Appendix I), which is currently being used by case managers and other assessors of misdemeanor youths, to provide concrete service/program recommendations for youths with potential problems needing follow-up.

A software program has been written (paid for by funds available to the Juvenile Assessment Center) for the case managers and other assessors to use. Once potential problems

have been identified for a given youth, this software program permits an easy shifting to relevant programs/services on the provider list. The case managers or other assessors, then, select specific programs for each problem area. These selections are recorded on the youth's case file; and a report is printed, which the case manager gives to the parents/guardians picking up the youth at JAC. Documentation of this software program appears in Appendix J.

Further, discussions have been held with the supervisor of JAC, advising him of the results of this practicum, particularly those relating to Goal 1. During this conversation, the importance of training new case management staff, and providing ongoing training to current case management staff, was stressed. A critical component of this training involves providing appropriate and specific program/service recommendations to the parents/guardians of youths processed at JAC who preliminary screening indicate have potential psychosocial problems. The JAC supervisor is in process of implementing such training.

Dissemination of the Results of this Practicum

As noted above, the results of this practicum relating to Goal 1 have already been shared with the supervisor of JAC. He is in the process of implementing case manager training in providing appropriate and specific program/service recommendations to the parents/guardians of youths processed at

JAC who preliminary screening indicate have potential psychosocial problems.

In addition, the practicum author plans to share the full results of this practicum, together with their associated recommendations, with the supervisor of the juvenile assessment center in the near future. During this meeting, the critical importance of implementing a follow-up, telephone support service will be stressed.

Relatedly, the practicum author plans to share the entire results of the practicum with JAC case manager supervisors. This meeting will provide a rich opportunity to reinforce the importance of case manager staff making appropriate, timely and specific service recommendations for youths needing help; and to ensure that their parents/guardians are provided with a report of recommended agencies they can contact.

Lastly, the practicum author plans to write a manuscript reporting the background, design, results and conclusions of this practicum project. The completed manuscript will be submitted for publication to a professional journal.

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SS#/CIS_____
Record Check_____
Not Available_____

APPENDIX A

DETENTION RISK ASSESSMENT INSTRUMENT

Detention Center_____

I. IDENTIFYING DATA

Last Name | First | Middle | AKA

Number/Street | Telephone

City, State, Zip | Race/Sex | D.O.B. ___Yes ___No

AM___ PM___
MO/DAY/YR Screened/Time

Assigned Counselor/ | Program Area/ | Contacted

School or Work Contacted ___Yes ___No

Parent/Guardian

Alleged Offense(s)(Continuous)

Number/Street

City, State, Zip

Telephone: Home & Work

Law Enforcement Agency | Name and ID or Badge No.

Parent/Guardian Interviewed
____ Yes ____No

___ 1. Face to Face
AM ____ 2. Telephone
____PM ____ 3. Unable to Contact
Time ____ 4. Message Left
With whom:

Name | Relationship

Youth advised of right to legal counsel ___ Yes ___ No

FISS Record Check ___ Yes ___ Not Available
Current Allegation of Abuse/Neglect Pending ____ Yes ____ No
History of Confirmed or Indicated Abuse/Neglect ____ Yes ____ No
Type: Physical Abuse ___ Sexual Abuse ___ Neglect ____ Emotional ___
(If available provide input on assigned counselor and status in Narrative)

I. Admission Criteria

A. Youth has been delivered and the following criteria as outlined in s. 39.044 (2) indicate the youth's eligibility for detention care:

Yes ____ No ____ 1. The youth is alleged to be an escapee or an absconder from a commitment program, a community control program, furlough, or aftercare supervision, or is alleged to have escaped while being lawfully transported to or from such program or supervision, or the child is wanted in another jurisdiction for an offense which if committed by an adult, would be a felony;

Yes ____ No ____ 2. The youth is charged with a delinquent act or violation of law and requests in writing through legal counsel to be detained for protection from an imminent physical threat to his personal safety; (Attach documentation)

Yes ____ No ____ 3. The youth is charged with committing an offense of domestic violence against the child's parent, sibling, spouse, or offspring and is detained as provided in s. 39.042(2) (b) 3, pursuant with s. 39.042 a youth may be held in secure detention if a respite home or similar autorized residential facility is not available for up to 48 hours.

Yes ____ No ____ 4. The youth is charged with a capital felony, a life felony, a felony of the first degree, a felony of the second degree that does not involve a violation of chapter 893, or a felony of the third degree that is also a crime of violence, including any such offense involving the use or possession of a firearm; or

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Factor #5 requires an affirmative answer to at least one of the qualifiers before a yes answer can be recorded (s. 39.044(2)(d), F.S.).

Yes ____ No ____ 5. The youth is charged with any second-degree or third-degree felony involving a violation of chapter 893 (Felony Drugs), any third degree felony that is also not a crime of violence (excluding firearm offenses) and the:

Yes ____ No ____ (a) youth has a record of failure to appear at court hearings after being properly notified in accordance with the Rules of Juvenile Procedure;

Yes ____ No ____ (b) youth has a record of law violations prior to court hearings;

Yes ____ No ____ (c) youth has already been detained or has been released and is awaiting final disposition of the case; or

Yes ____ No ____ (d) youth has a record of violent conduct resulting in physical injury to others;

Yes ____ No ____ (e) youth found to be in possession of a firearm.

B. Yes ____ No ____ Not withstanding s. 39.042 or s. 39.044(1) if a minor under 18 years of age is charged with an offense that involves the use or possession a firearm, as defined in s. 790.001, other than a violation of subsection (3).or is charged for any offense during the commission of which the minor possessed a firearm, the minor SHALL BE DETAINED in secure detention unless the state attorney authorizes the release of the minor, or

C. Yes ____ No ____ A youth delivered with a judicial order requiring detention care must be detained. The risk assessmentinstrument still must be completed for informational purposes, but the youth must be detained regardless of the points score.

D. Yes ____ No ____ A youth may placed into detention status for contempt of court, however, this requires a written court order.

E. Yes ____ No ____ Pursuant with s. 316.635 a juvenile traffic offender found to be in contempt of court for failure to appear or not performing court-ordered sanctions for traffic violations, must be securely detained , unless a staff secure shelter is available, if ordered by the court.

If any of the above (A1-5) are answered yes proceed to Section III, unless youth is charged solely with an act of misdemeanor domestic violence. If each of the above (A1-5)are answered no the youth must be released, unless B through E is answered yes.

The responsibilities of law enforcement and case managers for releasing a youth from custody will be discharged in accordance with s. 39.038.

ction III Risk Assessment

A. Most serious current offense

1. All capital, life, and first degree felony PBL	15	____
2. All other first degree felonies, vehicular homicide, violent second degree felonies, youth is wanted by another jurisdiction for a felony offense	12	____
3. Second degree felony drug charges, escape or absconding, any third degree felony involving the use or possession of a firearm, burglary of an occupied residential structure, or possession of a firearm or concealed weapon by a youth previously adjudicated or with adjudication withheld for a crime that would be a felony if committed by an adult	10	____
4. Violent third degree felonies	9	____
5. All other second degree felonies (except dealing stolen property)	8	____
6. Dealing in stolen property, other third degree felonies that qualify for detention in s. 39.044(2)(f) (See factor #6 above)	7	____
7. Reckless display or unlawful discharge of a firearm (Must Be Detained)	4	____

B. Other current offenses and pending charges (separate, non-related events)

1. Each felony	2	____
2. Each misdemeanor	1	____
3. Prior felony arrest within last 7 days	6	____

C. Prior History

1. 3 felony adjudications or adjudications withheld last 12 months, or	4	____
2. 2 felony adjudications or adjudications withheld last 12 months, or	2	____
3. 1 felony adjudication or adjudication withheld or misdemeanor adjudications or adjudications withheld	1	____

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D. Legal Status

1. Committed or detention	8	_____
2. Active community control cases with last adjudication or adjudication withheld within 90 days	6	_____
3. Active community control case with last adjudication or adjudication withheld more than 90 days ago	2	_____

E. Aggravating or Mitigating Circumstances

1. Aggravating factors (add to score)	1-3	_____
2. Mitigating factors (subtract from score)	1-3	_____

The case manager must fully document the reasons for scoring aggravating or mitigating points

Total (Sum A-E) _____

F. Detain/release decision

0-6 points = release
7-11 points = nonsecure or home detention
12 or more points = secure detention

Section IV. State Attorney Review/Decision (Complete based upon item #1 being appropriate)

1. If the case manager believes that a youth who is eligible for detention based upon the results of the risk assessment instrument should be released, the state attorney must be contacted to approve release (s. 39.044(1)(c). The state attorney also may approve home or nonsecure detention for a youth who scores eligible for secure detention. The case manager must document the reasons for the recommendation in the narrative section.

2. (a) State Attorney contacted Yes _____ No _____

Name_____

(b) State Attorney decision Detain _____ Release _____

Section V. Screening Decision

Detention: _____ Yes _____ No Notification of Detention Hearing:
Hearing Date: _____ Time: _____

Placement: _____ Secure _____ Home _____ Non-secure _____ Staff Secure _____ Respite _____ Release

Criminal Background Check Done _____ Results _____

Release to: Name_____

Address_____

Telephone_____ Time _____

Section VI. Narrative (Continue on back if needed)

_____

_____

_____

_____

_____

_____

_____ _____ _____ _____

Case Manager Date Reviewed by Date

_____ _____

Detention Review Specialist Date

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JUVENILE ASSESSMENT CENTER

REGISTRATION

Event No. _____

Date ___/___/___ Time _____ Day _____ at _____

Registrar Last _____ First _____ MI ___

Legal Status _____ Case Type _____

Youth Last Name _____ First _____ Middle _____

Dob ___/___/___ Age ___ Race: W B I A X Sex: M F Ethnicity: Hisp Non-Hisp

DEMOGRAPHICS

Address _____ City _____

State _____ Zip _____ Phone (____) _____-_____

Social Security _____ Driver License# _____ ST ___

Y N R -Gang Associate? Gang Name _____

Nickname _____

DETAINMENT (information from law enforcement, not youth)

Arrest Date ___/___/___ Arrest Agency _____ Agency Report # _____

Office Last Name _____ First _____ MI ____

District _____ Squad _____ Badge _____

Officer Address _____ Phone (____) ____-_____ ____

Y N U -Does the officer recommend diversion?

Y N U -Did the youth wear gang colors at the time of arrest? (jacket, tattoos, etc.)

Y N U -Is youth a member of a Satanic Cult?

_____ -Number of current charges. _____ -Number of Co-defendants.

CHARGES

Charge #	Charge Code	Level	Degree	Weapon Code	Comment
1	_____	____/	_____	_____	_____
2	_____	____/	_____	_____	_____
3	_____	____/	_____	_____	_____
4	_____	____/	_____	_____	_____
5	_____	____/	_____	_____	_____
6	_____	____/	_____	_____	_____
7	_____	____/	_____	_____	_____
8	_____	____/	_____	_____	_____

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REF DEMOGRAPHICS

Youth Marital Status : 1 2 3 4 5 6

Youth lives with (refer to Caregiver Table) _____

Is youth pregnant? Y N U R

Has youth ever been pregnant? Y N U R

Number of children of youth ____

Do children live with youth? Y N U R

Religious Preference (refer to Religious Preference Table) _____ If other, specify _____

County where youth resides: _____ HRS District of Reference _____

Chief Wage Earner of Household (refer to Caregiver Table) _____

Occupation of Chief Wage Earner _____

Highest grade completed by Chief Wage Earner _____

Youth employment status: 1 2 3 4 Job Type (code):_____

Other Source of Household Support (indicate Current/Previous/Never for each):

Y N U R - AFDC/Welfare

Y N U R - Death Benefits

Y N U R - Disability Benefit

Y N U R - Food Stamps

Y N U R - Medicaid

Y N U R - Social Security

Y N U R - Support Payments

Y N U R - Veterans Administration Check

Y N U R - Other Support - Specify:

_____

CLINICAL SCREENING

Substance	Ever Used (Y/N/U/R)	Recency of Use	Past Year Days of Use	Lifetime Frequency
Alcohol				
Marijuana/Hashish				
Inhalants				
Hallucinogens				
Cocaine (powder/liquid)				
Crack				
Heroin				
Other: _____				
Non-Medical use of:				
Sedatives				
Tranquilizers				
Stimulants				
Analgesics				

If youth uses drugs, what is the primary drug of choice? _____

Y N U R -Does the youth use IV Drugs?

Y N U R -Has the youth ever used and/or shared needles or "works" to take drugs?

TREATMENT HISTORY

C P N R -Substance Abuse Treatment Problem (code): _____

Providing Agency _____

Caseworker Last Name _____ First _____ MI ____

Phone (_____) _____-_____ _____

C P N R -Mental Health Treatment Problem (code): _____

Providing Agency _____

Caseworker Last Name _____ First _____ MI ____

Phone (_____) _____-_____ _____

SCREENING

Screening Date ___/___/___ Time _____ Day _____ at _____

Screener Last Name _____ First _____ MI ___

Y N -Is this a first-time admission?

PARENT/GUARDIAN

Parent Last Name _____ First _____ MI ___

Address _____ City _____ ST ___

Zip _____ Phone (_____) _____-_____ _____

Employer _____ Work Phone (_____) _____-_____ ____

Guardian Last Name _____ First _____ MI ___

Address _____ City _____ ST ___

Zip _____ Phone (_____) _____-_____ _____

Employer _____ Work Phone (_____) _____-_____ ____

SIGNIFICANT OTHERS

Type _____ Status: Active Inactive

Last Name _____ First _____ MI ___

Address _____ City _____ ST ___

Zip _____ Phone (_____) _____-_____ _____

Employer _____ Work Phone (_____) _____-_____ ____

Type _____ Status: Active Inactive

Last Name _____ First _____ MI ___

Address _____ City _____ ST ___

Zip _____ Phone (_____) _____-_____ _____

Employer _____ Work Phone (_____) _____-_____ ____

Type _____ Status: Active Inactive

Last Name _____ First _____ MI ___

Address _____ City _____ ST ___

Zip _____ Phone (_____) _____-_____ _____

Employer _____ Work Phone (_____) _____-_____ ____

SELF REPORTED EXPERIENCES

Y N U R -Gang Associate

Y N U R -Victim -Physical Abuse

0 1 2 3 -Involuntarily Committed

Y N U R -Sexual Offense Behavior

Y N U R -Victim -Sexual Abuse

Y N U R -Satanic Cult Associate

Y N U R -Have your parents divorced?

If yes, how long ago? _____ years _____ months

Y N U R -Has anyone in your family died?

_____ If yes, whom? (refer to Caregiver Table)

If yes, how long ago? _____ years _____ months

MEDICAL SCREENING

Breathalyzer Result _____ Blood Alcohol Level _____

Urine Specimen Indicator _____

___ Amphetamines
___ Barbiturates
___ Cannabinoinds
___ Methaqualone
___ Opiates
___

___ Alcohol
___ Benzodiazepines
___ Cocaine
___ Methadone
___ Phencyclidine (PCP)
___ Other: Drug Code _____

Blood Pressure _____/_____ Temperature _____.___ Pulse _____

Exam Findings:

_____

_____

_____

PSYCHOSOCIAL

As Reported by _____ (refer to Caregiver Table)

Last Name _____ First _____ MI _____

Y N U R - Substance Use/Abuse
Y N U R - Mental Health Status
Y N U R - Peer Relations
Y N U R - Vocational Status
Y N U R - Leisure and Recreation
Y N U R - Gang Associate
Y N U R - Physical Abuse Victim
Y N U R - Other Sex Offense Behavior

Y N U R - Physical Health Status
Y N U R - Family Relations
Y N U R - Educational Status
Y N U R - Social Skills
Y N U R - Prostitution
Y N U R - Aggressive Behavior/Delinq.
Y N U R - Sexual Abuse Victim

RECOMMEND SERVICES FOR

Y N S - Substance Abuse _____

Y N S - Physical Health _____

Y N S - Mental Health _____

Y N S - Family Relations _____

Y N S - Peer Relations _____

Y N S - Educational Status _____

Y N S - Vocational Status _____

Y N S - Social Skills _____

Y N S - Leisure/Recreation _____

Y N S - Aggression/Delinquency _____

Y N S - Gang Membership _____

Y N S - Sexual Offenses _____

Y N S - Sexual Abuse Victim _____

Y N S - Physical Abuse Offenses _____

Y N S - Physical Abuse Victim _____

Y N S - Residential Drug Treatment _____

Y N S - Non-residential Drug Treatm. _____

FURTHER ASSESSMENT

Y N U R -Involuntary Assessment Order Needed

Y N U R -In-Depth Assessment Needed

Assessment to be done by (indicate Yes/No/Scheduled):

Y N S -Detention Y N S -Physician Y N S -SchoolPsych. Y N S -TASC/DAT

Y N S -Hospital (specify): _____ Treatment (code): _____

Y N S -Other (specify): _____

Date Assessment Due to HRS Counselor ___/___/___

Recommend immediate placement with (code) _____ If other, specify: _____

Y N U R -Risk Assessment Completed Date ___/___/___

Counselor Last Name _____ First _____ MI ___

Y N U R -Is youth a Suicide Risk? Date ___/___/___

Counselor Last Name _____ First _____ MI ___

Y N U R -Consent Form Signed? Date ___/___/___

EDUCATION

Student ID# _____

Y N -Youth still in school? Current Grade ____ Central File # _____

Recent Attendance:

Number of days absent ____ Unexcused absences ____ Days suspended ____

Last school attended: _____

County _____ State _____

Last grade completed: _____ Date of withdrawal: ____/____/____

Primary exceptionality code _____

Y N -Are standardized educational test scores available?

_____ -If yes, enter the code for the name of test. Date administered: ____/____/____

Reading score _____ Language score _____ Math score _____

Y N -Are IQ test scores available?

_____ -If yes, enter the code for the name of test. Date administered: ____/____/____

Y N -Does the youth have a psychologist or social worker? If yes, identify.

Last Name _____ First _____ MI ____

Phone (_____) _____-_____ _____

Special Program Participation (indicate by circling Current/Previous/Never for each)

C P N -Mainstream Classes

C P N -Alternative Education

C P N -Hospitality/Homebound

C P N -Physically Impaired

C P N -Speech Impaired

C P N -Home Education

C P N -Gifted

C P N -Emotional Handicap F/T

C P N -Emotional Handicap P/T

C P N -Severely Emotionally Disturbed

C P N -Specific Learning Disability

C P N -Educable Mentally Handicapped

C P N -Other - Specify: _____

ALIASES

Last Name _____ First _____ MI ____

Address _____ City _____ ST ____ Zip _____

Last Name _____ First _____ MI ____

Address _____ City _____ ST ____ Zip _____

CO-DEFENDANTS

Last Name _____ First _____ MI ____

Address _____ City _____ ST ____ Zip _____

Last Name _____ First _____ MI ____

Address _____ City _____ ST ____ Zip _____

HRS DELINQUENCY AND DEPENDENCY HISTORY

Obtain CIS History and enter all the information into the JAC computer or update the information if the youth has previously been registered at JAC.

HRS PROGRAMS

Program _____

C P N -Involvement Open Date ___/___/___ Close Date ___/___/___

HRS Worker Last Name _____ First _____ MI ____

Program _____

C P N -Involvement Open Date ___/___/___ Close Date ___/___/___

HRS Worker Last Name _____ First _____ MI ____

POSIT

Administer the Problem Oriented Screening Instrument for Teenagers (POSIT) and enter the answers into the computer. The computer will score the test.

SPECIAL DESIGNATIONS

Offender Type: F M R N (First-time Felon, Misdemeanant, Repeat Felon, Not Applicable)

Indicate Current/Previous/Never:

C P N - M-CAP Case

C P N - SHOCAP

C P N - Active in Adult Court

C P N - CINS/FINS Case

C P N - Shelter Status Case

C P N - Dependent Case

C P N - Delinquent Case

C P N - Other - Specify: _____

____ - HRS Delinquency Supervision Type Agency _____

DCM Counselor Last _____ First _____ MI ____

Phone (_____) _____-_____ _____ Unit# _____

APPENDIX C

PROBLEM ORIENTED SCREENING INSTRUMENT FOR TEENAGERS

INSTRUCTIONS

The purpose of these questions is to help us choose the best ways to help you. So, please try to answer the questions honestly.

Please answer all of the questions. If a question does not fit you exactly, pick the answer that is mostly true.

You may see the same or similar questions more than once. Please just answer each question as it comes up.

Please put an "X" through your answer.

If you do not understand a word, please ask for help.

You may begin.

Name: _____ _____ Event #: _____

Sex: ___ Male ___ Female Birth Date: _____

1.	Yes	No	Do you have so much energy you don't know what to do with it?
2.	Yes	No	Do you brag?
3.	Yes	No	Do you get into trouble because you use drugs or alcohol at school?
4.	Yes	No	Do your friends get bored at parties when there is no alcohol served?
5.	Yes	No	Is it hard for you to ask for help from others?
6.	Yes	No	Has there been adult supervision at the parties you have gone to recently?
7.	Yes	No	Do your parents or guardians argue a lot?
8.	Yes	No	Do you usually think about how your actions will affect others?
9.	Yes	No	Have you recently either lost or gained more than 10 pounds?
10.	Yes	No	Have you ever had sex with someone who shot up drugs?
11.	Yes	No	Do you often feel tired?

12. Yes No Have you had trouble with stomach pain or nausea?

13. Yes No Do you get easily frightened?

14. Yes No Have any of your best friends dated regularly during the past year?

15. Yes No Have you dated regularly during the past year?

16. Yes No Do you have a skill, craft, trade or work experience?

17. Yes No Are most of your friends older than you are?

18. Yes No Do you have less energy than you think you should?

19. Yes No Do you get frustrated easily?

20. Yes No Do you threaten to hurt people?

21. Yes No Do you feel alone most of the time?

22. Yes No Do you sleep either too much or too little?

23. Yes No Do you swear or use dirty language?

24. Yes No Are you a good listener?

25. Yes No Do your parents or guardians approve of your friends?

26. Yes No Have you lied to anyone in the past week?

27. Yes No Do your parents or guardians refuse to talk with you when they are mad?

28. Yes No Do you rush into things without thinking about what could happen?

29. Yes No Did you have a paying job last summer?

30. Yes No Is your free time spent just hanging out with friends?

31. Yes No Have you accidentally hurt yourself or someone else while high on alcohol or drugs?

32. Yes No Have you had any accidents or injuries that still bother you?

33. Yes No Are you a good speller?

34. Yes No Do you have friends who damage or destroy things on purpose?

35. Yes No Have the whites of your eyes ever turned yellow?

36. Yes No Do your parents or guardians usually know where you are and what you are doing?

37. Yes No Do you miss out on activities because you spend too much money on drugs or alcohol?

38. Yes No Do people pick on you because of the way you look?

39. Yes No Do you know how to get a job if you want one?

40. Yes No Do your parents or guardians and you do lots of things together?

41. Yes No Do you get A's and B's in some classes and fail others?

42. Yes No Do you feel nervous most of the time?

43. Yes No Have you stolen things?

44. Yes No Have you ever been told you are hyperactive?

45. Yes No Do you ever feel you are addicted to alcohol or drugs?

46. Yes No Are you a good reader?

47. Yes No Do you have a hobby you are really interested in?

48. Yes No Do you plan to get a diploma (or already have one)?

49. Yes No Have you been frequently absent or late for work?

50. Yes No Do you feel people are against you?

51. Yes No Do you participate in team sports which have regular practices?

52. Yes No Have you ever read a book cover to cover for your own enjoyment?

53. Yes No Do you have chores that you must regularly do at home?

54. Yes No Do your friends bring drugs to parties?

55. Yes No Do you get into fights a lot?

56. Yes No Do you have a hot temper?

57. Yes No Do your parents or guardians pay attention when you talk with them?

58. Yes No Have you started using more and more drugs or alcohol to get the effect you want?

59. Yes No Do your parents or guardians have rules about what you can and cannot do?

60. Yes No Do people tell you that you are careless?

61. Yes No Are you stubborn?

62. Yes No Do any of your best friends go out on school nights without permission from their parents or guardians?

63. Yes No Have you ever had or do you now have a job?

64. Yes No Do you have trouble getting your mind off things?

65. Yes No Have you ever threatened anyone with a weapon?

66. Yes No Do you have a way to get a job?

67. Yes No Have you ever left a party because there was no alcohol or drugs?

68. Yes No Do your parents or guardians know what you really think or feel?

69. Yes No Do you often act on the spur of the moment?

70. Yes No Do you usually exercise for a half-hour or more at least once a week?

71. Yes No Do you have a constant desire for alcohol or drugs?

72. Yes No Is it easy to learn new things?

73. Yes No Do you have trouble with your breathing or with coughing?

74. Yes No Do people your own age like and respect you?

75. Yes No Does your mind wander a lot?

76. Yes No Do you hear things no one else around you hears?

77. Yes No Do you have trouble concentrating?

78. Yes No Do you have a valid driver's license?

79. Yes No Have you ever had a paying job that lasted at least one month?

80. Yes No Do you and your parents or guardians have frequent arguments which involve yelling and screaming?

81. Yes No Have you had a car accident while high on alcohol or drugs?

82. Yes No Do you forget things you did while drinking or using drugs?

83. Yes No During the past month have you driven a car while you were drunk or high?

84. Yes No Are you louder than other kids?

85. Yes No Are most of your friends younger than you are?

86. Yes No Have you ever intentionally damaged someone else's property?

87. Yes No Have you ever stopped working at a job because you just didn't care?

88. Yes No Do your parents or guardians like talking with you and being with you?

89. Yes No Have you ever spent the night away from home when your parents didn't know where you were?

90. Yes No Have any of your best friends participated in team sports which require regular practices?

91. Yes No Are you suspicious of other people?

92. Yes No Are you already too busy with school and other adult supervised activities to be interested in a job?

93. Yes No Have you cut school at least 5 days in the past year?

94. Yes No Are you usually pleased with how well you do in activities with your friends?

95. Yes No Does alcohol or drug use cause your moods to change quickly like from happy to sad or vice versa?

96. Yes No Do you feel sad most of the time?

97. Yes No Do you miss school or arrive late for school because of your alcohol or drug use?

98. Yes No Is it important to you now to get, or keep, a satisfactory job?

99. Yes No Do your family or friends ever tell you that you should cut down on your drinking or drug use?

100. Yes No Do you have serious arguments with friends or family members because of your drinking or drug use?

101. Yes No Do you tease others a lot?

102. Yes No Do you have trouble sleeping?

103. Yes No Do you have trouble with written work?

104. Yes No Does your alcohol or drug use ever make you do something you would not normally do - like breaking rules, missing curfew, breaking the law or having sex with someone?

105. Yes No Do you feel you lose control and get into fights?

106. Yes No Have you ever been fired from a job?

107. Yes No During the past month, have you skipped school?

108. Yes No Do you have trouble getting along with any of your friends because of your alcohol or drug use?

109. Yes No Do you have a hard time following directions?

110. Yes No Are you good at talking your way out of trouble?

111. Yes No Do you have friends who have hit or threatened to hit someone without any real reason?

112. Yes No Do you ever feel you can't control your alcohol or drug use?

113. Yes No Do you have a good memory?

114. Yes No Do your parents or guardians have a pretty good idea of your interests?

115. Yes No Do your parents or guardians usually agree about how to handle you?

116. Yes No Do you have a hard time planning and organizing?

117. Yes No Do you have trouble with math?

118. Yes No Do your friends cut school a lot?

119. Yes No Do you worry a lot?

120. Yes No Do you find it difficult to complete class projects or work tasks?

121. Yes No Does school sometimes make you feel stupid?

122. Yes No Are you able to make friends easily in a new group?

123. Yes No Do you often feel like you want to cry?

124. Yes No Are you afraid to be around people?

125. Yes No Do you have friends who have stolen things?

126. Yes No Do you want to be a member of any organized group, team, or club?

127. Yes No Does one of your parents or guardians have a steady job?

128. Yes No Do you think it's a bad idea to trust other people?

129. Yes No Do you enjoy doing things with people your own age?

130. Yes No Do you feel you study longer than your classmates and still get poorer grades?

131. Yes No Have you ever failed a grade in school?

132. Yes No Do you go out for fun on school nights without your parents' or guardians' permission?

133. Yes No Is school hard for you?

134. Yes No Do you have an idea about the type of job or career that you want to have?

135. Yes No On a typical day, do you watch more than two hours of TV?

136. Yes No Are you restless and can't sit still?

137. Yes No Do you have trouble finding the right words to express what you are thinking?

138. Yes No Do you scream a lot?

139 Yes No Have you ever had sexual intercourse without using a condom?

APPENDIX D

ELIGIBILITY REQUIREMENTS FOR PLACEMENT IN ARBITRATION OR THE JUVENILE ALTERNATIVE SERVICES PROGRAM (JASP)

Arbitration Eligible

Criteria: 1. First time misdemeanor arrest, with no prior record

2. Prior record with only Nolle Prosequi, No file and/or dismissed disposition.

JASP Eligible (A non-serious juvenile offender under the age of 18).

Criteria: 1. Second time misdemeanor arrest with prior diversion or treatment program experience.

2. Second time misdemeanor arrest with arbitration case pending. (This case could go to arbitration again depending on the seriousness of the charge.)

3. Previously gone through arbitration.

4. Prior felony offense--No adjudications or adjudications withheld.

APPENDIX E

WEEKLY CALENDAR OF PLANNED ACTIVITIES

WEEK 1:

TASK 1: Collected information on service recommendations given by case managers for a four week period before the beginning of the intervention.

TASK 2: Each day up to 4 misdemeanor youths' parents/guardians, who were given service recommendations by case managers and who had a telephone, were randomly assigned to receive the intervention.

TASK 3: For the intervention group, the first telephone call to parents/guardians occurred the day after the youths were registered at JAC. The parents/guardians were called to review the case manager's service recommendations. After the initial telephone call, intervention group parents/guardians were called an average of six times during the two-week period to assist them in obtaining needed services.

TASK 4: For each intervention group youth, efforts were made to assist parents/guardians in following through on the recommendations given to them; and to link them with programs or services. This involved telephone calls to the youths parents/guardians.

WEEK 2:

Intervention activities specified in WEEK 1 (TASKS 2-4) continued to be carried out.

WEEK 3:

Intervention activities specified in WEEK 1 (TASKS 2-4) continued to be carried out.

WEEK 4:

Intervention activities specified in WEEK 1 (TASKS 2-4) continued to be carried out.

WEEK 5:

Intervention activities specified in WEEK 1 (TASKS 2-4) continued to be carried out.

TASK 5: A follow-up, outcome interviewer, who did not know the membership of the experimental and control groups, began to call each parent/guardian to learn: (1) if they recalled the recommendations of the case manager, (2) followed through on the recommendations made by the case manager, and (3) how helpful they found JAC staff were in linking them with a needed program/ service.

WEEK 6:

Follow-up activities specified in WEEK 5 (TASK 5) continued to be carried out.

Week 7:

Follow-up activities specified in WEEK 5 (TASK 5) continued to be carried out.

TASK 6: Aggregated data on service recommendations given by case managers to the parents/guardians of misdemeanor cases with potential problems during the intervention period (Goal 1).

Week 8:

Follow-up activities specified in WEEK 5 (TASK 5) continued to be carried out.

Week 9:

Follow-up activities specified in WEEK 5 (TASK 5) continued to be carried out.

Week 10:

Follow-up activities specified in WEEK 5 (TASK 5) continued to be carried out.

SERVICE RECOMMENDATIONS

A list of providers recommended to link youths, who have committed misdemeanor crimes, to services within the community. This list will be used by Case Managers at the Juvenile Assessment Center, who will recommend these services to youths and their families, in addition to Arbitration and JASP.

Name of Provider	Services Provided
Category:	
ABUSE (CHILD)--	
Child Abuse Council 305 S. Brevard Street Tampa 33606 Ph. 251-8080 8:30am-5pm	Parents Anonymous - free Directions Prog. (Couns.) fee: sliding scale
APPLE Services 209 S. Morgan St. Tampa 33603 Ph. 228-0011 8am-7:30pm	Sexual abuse cases only Individual & group therapy sessions
Offender Family Crisis Ctr. 3402 N. 22nd Street Tampa Ph. 272-6466 8am-5pm	Crisis intervention
CHEMICAL DEPENDENCY--	
ACTS Administration 4211 E. Busch Blvd. Tampa 33617 Ph. 988-6096/988-ACTS 8:30am-5:00pm	Outpatient service locations: 8620 N. Dixon Tampa 33604 Ph. 931-4669 8am-5pm 1815 W. Sligh Ave. Tampa 33604 Ph. 933-8259 8am-4:30pm
Alcohol Abuse Helpline 1-800-877-7675	
Cocaine Hotline 1-800-262-2463	

ALA-TEEN
Ph. 889-4544 (24-hr. ans. serv.)

DACCO
Administration
4422 E. Columbus Drive
Tampa 33605
Ph. 623-3500
8am-5pm

Eval./urine test
$10/each
Ph. 620-3539

Outpatient Center
2511 Swann Ave.
Tampa 33609
Ph. 875-8116
fee: sliding scale

Mendez Foundation Program
601 S. Magnolia
Tampa 33606
Ph. 251-3600
8:30am-4:30pm

Provides factual infor. on drugs and their abuse; develops deeper communic. between parents & teens and screens youths for levels of use & possible treatment.

COMMUNITY INVOLVEMENT--

Habitat for Humanity
Ph. 247-6990/321-4512
Sat. only

16+ yrs. old; accomp. by parent (quality time spent together)

Urban League
Ph. 229-8117

Delinquency Program
(will need to call Mon. for more info.)

Boys & Girls Club of Greater Tampa
3020 W. Laurel St.
Tampa
Ph. 875-5771
(several locations)
2pm-8pm
Summer--all day

5+ yrs. old (day care).
For older youths:
Provides an educationally based youth organization in order to develop leadership & citizenship skills through special interest programs, classes and workshops.
fee: sliding scale
($35 max. per year)

Big Brothers/Big Sisters
405 N. Reo Street
Suite 260
Tampa 33609
Ph. 287-2210
8:30am-5pm

Provides companionship services for persons needing some supervision and/or assistance on an hourly basis.

NOTE: min. 3 hrs/3 times a month for one year; ages 5-14, single parent

Police Athletic League (PAL)
1924 W. Diana St.
Tampa 33604
PH. 876-9363

Offers recreational and social activities which may include sports, organized games, fitness programs & instructional classes. Rapport building between youths police officers.

COUNSELING--

Baylife Centers
Ph. 237-3914
MWF 7:30am-6pm
TR 7:30am-8pm
(several locations; assigned according to zip code)

For youth and/or family
fee: sliding scale

Genesis - Women & Children Health Care Center
5802 N. 30th Street
Tampa 33610
Ph. 238-0066
8am-4:30pm

Provides counseling serv. for families experiencing life crisis adjustment problems.

Northside Mental Health
12512 Bruce B. Downs Blvd.
Tampa 33612
Ph. 977-8700
8am-5pm (appt. only)

Provides counseling serv. for families experiencing life crisis adjustment problems.
fee: sliding scale (based on # household; household income; $5-$80. Medicaid & Medicare benefits)

EDUCATION--

Erwin Voc'l Technical
2010 E. Hillsborough Ave.
Tampa 33610
Ph. 231-1800
7:30am-4pm (eve. available)

Provides counseling on voc`l and/or edu'l opportunities

Dept. of Education Hotline
1-800-342-9271

LEGAL--

Attorney Referral Service
Hotline
1-800-342-8011/229-8349

State Attorney's Office
Ph. 272-5400

PRIVATE THERAPISTS--

See attached listings.

SUPPORT GROUP--

Oak Grove United Methodist
8407 N. Habana
Tampa
Ph. 651-7778

Tough Love--provides a program focusing on a variety of adolescent issues which may include self-esteem enhancement, school achievement, confidence & discipline building & drug/alcohol prevention.

APPENDIX G

FIELD NOTES

Date: October 6, 1994 Time: From: 2:30 pm To: 4:00 pm

Specific location within JAC:

Conference Room

Activity (check appropriate category):

___ observation

_x_ meeting

___ interview

___ other (specify: _____)

Person(s) observed: _____

_____

Person(s) involved in meeting: JAC Case Management Supervisor, three shift case manager (CM) supervisors, Linda Williams, the practicum author and the practicum verifier

Person(s) interviewed: _____

_____

Other: _____

Comments:

This meeting was called to introduce Linda Williams to the case management staff, and to discuss her practicum project.

_____

Detailed notes of observation, meeting, interview, etc.

A discussion of the practicum activities encouraged the supervisors to train their case managers to make service recommendations to first-time misdemeanor offenders and their families. Emphasis was on the importance of families linking with needed services.

FIELD NOTES

Date: November 7, 1994 Time: From: _____ To: _____

Specific location within JAC:

Telephone

Activity (check appropriate category):

___ observation

___ meeting

___ interview

x other (specify: telephone conversation)

Person(s) observed: _____

_____

Person(s) involved in meeting: _____

_____

Person(s) interviewed: _____

_____

Other: Conversation with CM Supervisor

Comments:

I was concerned that the CM's were not giving appropriate, matching and sufficient recommendations to families.

_____

Detailed notes of observation, meeting, interview, etc.

Having pretested a random sample of first-time misdemeanor offenders, there was a concern there was a mismatch between the problems identified and the recommendations made. I made a shortened version of the service provider list from two large documents to aid the CM's in making recommendations.

FIELD NOTES

Date: November 23, 1994 Time: From: _____ To: _____

Specific location within JAC:

Telephone

Activity (check appropriate category):

___ observation

___ meeting

___ interview

_x_ other (specify: telephone conversation)

Person(s) observed: _____

_____

Person(s) involved in meeting: _____

_____

Person(s) interviewed: _____

_____

Other: Conversation with CM Supervisor

Comments:

Follow-up to conversation of November 6th.

_____

Detailed notes of observation, meeting, interview, etc.

It was necessary to again emphasize the importance of case management staff making appropriate, matching and sufficient recommendations to families. I gave examples of concerns (e.g. clients having mental health or substance abuse problems, being recommended to contact Boys/Girls Club). Final draft of a more in-depth service provider list was on Director's desk.

FIELD NOTES

Date: November 25, 1994 Time: From: 7:00 pm To: 8:00 pm

Specific location within JAC:

Checkon room

Activity (check appropriate category):

x observation

___ meeting

___ interview

___ other (specify: _____)

Person(s) observed: A CM Supervisor and a mother who was at JAC to pick up her son.

Person(s) involved in meeting: _____

Person(s) interviewed: _____

Other: _____

Comments:

Detailed notes of observation, meeting, interview, etc.

The observation was to see firsthand the dialogue between the staff and a parent in order to understand the process by which parents are informed of diversionary programs, CM staff and identification of youths' problems and recommendation for follow-up services.

FIELD NOTES

Date: November 27, 1994 Time: From: shifts To: _____

Specific location within JAC:

Control Room and CM offices

Activity (check appropriate category):

___ observation

___ meeting

_x_ interview

___ other (specify: _____)

Person(s) observed: _____

_____

Person(s) involved in meeting: _____

_____

Person(s) interviewed: The three CM shift supervisors, assessors and CM's on each shift

Other: _____

Comments:

_____

_____

_____

Detailed notes of observation, meeting, interview, etc.

I reemphasized to each CM the importance in making recommendations to parents. They need services while waiting to hear from the diversionary program. One CM did not realize that most agencies do not contact the parent--it is the discretion of the parent to make contact. Families need to be encouraged.

FIELD NOTES

Date: December 4, 1994 Time: From: 7:00 pm To: 9:00 pm

Specific location within JAC:

Checkon Room

Activity (check appropriate category):

___ observation

_x_ meeting

_x_ interview

___ other (specify: _____)

Person(s) observed: _____

Person(s) involved in meeting: Second Shift CM

Person(s) interviewed: Other assessor and CM that I had not spoken to as yet.

Other: _____

Comments:

Detailed notes of observation, meeting, interview, etc.

I needed from the second shift CM an explanation of some services that were recommended. The other staff members needed my reenforcement on making service recommendations.

FIELD NOTES

Date: December 6, 1994 Time: From: 7:45 pm To: 8:15 pm

Specific location within JAC:

Checkon Room

Activity (check appropriate category):

___ observation

_x_ meeting

___ interview

___ other (specify: _____)

Person(s) observed: _____

_____

Person(s) involved in meeting: Linda Williams and a CM supervisor

Person(s) interviewed: _____

_____

Other: _____

Comments:

My intervention was getting on CM's nerves. Once they realized the importance of my function, they accepted the joint effort. This CM supervisor runs a tight shift.

Detailed notes of observation, meeting, interview, etc.

CM staff were prompted to study more carefully the problems that had been assessed, and therefore, to make recommendations accordingly. When a lot of misdemeanors come through JAC to be assessed, the paper work gets to be cumbersome.

FIELD NOTES

Date: December 7, 1994 Time: From: 2:20 pm To: 2:25 pm

Specific location within JAC:

Telephone

Activity (check appropriate category):

___ observation

___ meeting

___ interview

_x_ other (specify: telephone conversation)

Person(s) observed: _____

Person(s) involved in meeting: _____

Person(s) interviewed: _____

Other: Conversation between Linda Williams and TASC/DAT staff

Comments:

TASC/DAT (Treatment Alternative to Street Crime and Delinquency Assessment Team) staff provide mental health and substance abuse pro bono evaluation for misdemeanor youth.

Detailed notes of observation, meeting, interview, etc.

I needed clarification on the fact that when a CM makes a recommendation to TASC/DAT staff, the information is placed in a pickup box; and the staff either call or correspond with the parent/guardian to bring their child in for a two-hour free consultation.

FIELD NOTES

Date: December 13, 1994 Time: From: 8:00 pm To: 8:45 pm

Specific location within JAC:

Checkon Room

Activity (check appropriate category):

___ observation

___ meeting

___ interview

_x_ other (specify: chit chat)

Person(s) observed: _____

_____

Person(s) involved in meeting: _____

_____

Person(s) interviewed: _____

_____

Other: _____

Comments:

Linda Williams and a CM discussed what the diversionary programs require the clients to do. The court does not like for the CM at JAC to tell clients what sanctions may be placed on them.

Detailed notes of observation, meeting, interview, etc.

Arbitration/JASP may require a client to write a letter of apology, an essay covering the events that led up to their misdemeanor offense, or to do community service hours. Matters of personnel were also discussed.

FIELD NOTES

Date: December 14, 1994 Time: From: 4:00 pm To: 4:15 pm

Specific location within JAC:

Telephone

Activity (check appropriate category):

___ observation

___ meeting

___ interview

_x_ other (specify: telephone conversation)

Person(s) observed: _____

_____

Person(s) involved in meeting: _____

_____

Person(s) interviewed: _____

_____

Other: Conversation with a TASC/DAT staff member

Comments:

There appears to be a lack of communication between the CM and TASC/DAT staff in making and receiving referrals.

Detailed notes of observation, meeting, interview, etc.

While relaying a change of address for an experimental group youth to a TASC/DAT staff member, I discovered that five other youths had not been referred to them by the CM unit--even though these youths had referrals noted on their preliminary screening file. This matter was discussed with the CM supervisor, and letters were sent out to these families.

FIELD NOTES

Date: December 15, 1994 Time: From: 6:30 pm To: 7:00 pm

Specific location within JAC:

Classroom

Activity (check appropriate category):

___ observation

___ meeting

_x_ interview

___ other (specify: _____)

Person(s) observed: _____

_____

Person(s) involved in meeting: _____

_____

Person(s) interviewed: A new assessor staff member who works with TASC/DAT

Other: _____

Comments:

This staff member has had no training on the floor as to making recommendations to families. Her function is to set up an appointment for the free evaluation with TASC/DAT staff.

Detailed notes of observation, meeting, interview, etc.

This staff member became frustrated when she realized she had not been trained to make recommendations to families, and had not seen the service provider list. This situation was brought to the attention of the CM shift supervisor, who talked to her, and spoke to the CM Supervisor the next day.

FIELD NOTES

Date: December 19, 1994 . Time: From: _____ To: _____

Specific location within JAC:

Telephone

Activity (check appropriate category):

___ observation

___ meeting

___ interview

_x_ other (specify: telephone conversation)

Person(s) observed: _____

_____

Person(s) involved in meeting: _____

_____

Person(s) interviewed: _____

_____

Other: _____

Comments:

I checked a list of client referrals with TASC/DAT since a lot of referrals had been made to them.

_____

Detailed notes of observation, meeting, interview, etc.

Since TASC/DAT address mental health and substance abuse problems, is a free service to families, and is located in the same area as JAC, they receive a large portion of the CM referrals. I periodically check with the TASC/DAT staff to learn the status of the families I am intervening with.

FIELD NOTES

Date: December 29, 1994 Time: From: _____ To: _____

Specific location within JAC:

Telephone

Activity (check appropriate category):

___ observation

___ meeting

___ interview

_x_ other (specify: telephone conversation)

Person(s) observed: _____

Person(s) involved in meeting: _____

Person(s) interviewed: _____

Other: Conversation with JAC staff member processing service provider computer program list.

Comments:
Concern with new service provider list.

Detailed notes of observation, meeting, interview, etc.
The computer programer at JAC was writing a software program that would identify youths' problem areas (e.g., mental health, problem with peers, etc.) and print a list of various agencies within each problem area parents/guardians would be recommended to contact. When completed, this program will enable CM's to access information more easily to relay service provider information to families.

APPENDIX H

PARENT/GUARDIAN FOLLOW-UP OUTCOME FORM

Information on Youth:

1. Name of youth: _____

2. Male: ____ Female: ____ Age: ____ DOB: _____

3. Race : White ____ Black ____ Native American ____ Asian __ Indian
Other ____ Charge: _____

4. Ethnicity: Hispanic ____ Non-Hispanic: ____

5. Name of person who picked up youth:

_____.

6. Relationship to youth: _____

7. Telephone number:

Home: _____ Work: _____

8. Specific recommendations for services given to parent/guardian:

a. _____

b. _____

c. _____

d. _____

9. Date and time parent/guardian conferred with:

Contact Record

Date	Time	Result

Contact Record (Cont'd)

Date Time Result

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Telephone Interview:

This is Sandy Bond from the Juvenile Assessment Center. On _____ (date), your son/daughter was taken to the Center. At that time you spoke to _____ (Name of Case Manager)

1. Did he/she recommend any programs/services for _____ (Name of youth)?

   Yes: ____ No: ____

   --If "no," and parent/guardian asks what the recommendations were, provide them.

   --If "yes:" What recommendations for services were given?

   a1. Recommendation #1: _____

   Program/agency: _____

   a2. Did you contact this program/agency: Yes ___ No ___

   If "yes:" When: _____

   How was contact made (e.g., telephone call, personal visit--PROBE FOR SPECIFICS)?: _____

   _____

What was the result? _____

_____

If "no:" What prevented you from doing so? _____

_____

a3. Did you apply for services from this program/agency?
Yes ___ No ___

If "yes:" What was the result? _____

_____

If "no:" What prevented you from doing so? _____

_____

a4. Did you receive services from this program/agency?
Yes ___ No ___

If "yes:" What services? _____

_____

If "no:" What prevented you from doing so? _____

_____

b1. Recommendation #2: _____

Program/agency: _____

b2. Did you contact this program/agency: Yes ___ No ___

If "yes:" When: _____

How was contact made (e.g., telephone call, personal visit--PROBE FOR SEPCIFICS)?: _____

_____

What was the result? _____

_____

If "no:" What prevented you from doing so? _____

_____

b3. Did you apply for services from this program/agency?
Yes ___ No ___

If "yes:" What was the result? _____

_____

If "no:" What prevented you from doing so? _____

_____

b4. Did you receive services from this program/agency?
Yes ___ No ___

If "yes:" What services? _____

_____

If "no:" What prevented you from doing so? _____

_____

c1. Recommendation #3: _____

Program/agency: _____

c2. Did you contact this program/agency: Yes ___ No ___

If "yes:" When: _____

How was contact made (e.g., telephone call, personal visit--PROBE FOR SPECIFICS)?: _____

_____

What was the result? _____

_____

If "no:" What prevented you from doing so? _____

_____

c3. Did you apply for services from this program/agency?
Yes ___ No ___

If "yes:" What was the result? _____

_____

If "no:" What prevented you from doing so? _____

_____

c4. Did you receive services from this program/agency?
Yes ___ No ___

If "yes:" What services? _____

_____

If "no:" What prevented you from doing so? _____

_____

d1. Recommendation #4: _____

Program/agency: _____

d2. Did you contact this program/agency: Yes ___ No ___

If "yes:" When: _____

How was contact made (e.g., telephone call, personal visit--PROBE FOR SPECIFICS)?: _____

_____

What was the result? _____

_____

If "no:" What prevented you from doing so? _____

_____

d3. Did you apply for services from this program/agency?
Yes ___ No ___

If "yes:" What was the result? _____

_____

If "no:" What prevented you from doing so? _____

_____

d4. Did you receive services from this program/agency?
Yes ___ No ___

If "yes:" What services? _____

_____

If "no:" What prevented you from doing so? _____

_____

2. How helpful did you find JAC case management staff in assisting _____ (Name of youth) in obtaining recommended services?

__ Not at all helpful

__ Somewhat helpful

__ Very helpful

__ Extremely helpful

Why do you say this? _____

_____

_____

Thank you for your time.

APPENDIX I

Juvenile Assessment Center
Service Provider List

GGRESSION/DELINQUENCY
Code: 114 Agency: HAYNES SERVICES CORP
Service: RESIDENTIAL (LONG & SHORT TERM), SUBSTANCE ABUSE, EDU, FAMILY ISSUES
Duration: LONG TERM 1/2 YRS, SHORT TERM LEVEL 4, 4/6 MOS
Limitation: 13 - 18 MALES
Wait List: NONE
Fee: $130 A DAY, $85 FOR 4/6 MON, LONG TERM NEGOTIABLE
Procedure: SEND TO RAVEN LEWIS, CLINICAL COORD
Cins/Fins:
Other:
Address: 8111 E. GREENWOOD AVE. TAMPA 33604
Phone: Hours:

GRESSION/DELINQUENCY
Code: 116 Agency: ECKERD WILDERNESS CAMPING SYSTEM
Service: RESIDENTAL SERVICES, GROUP COUNSELING, EDU, FAMILY AND SOCIAL WORK SERV, TRANSITION & AFTERCARE SERV
Duration:
Limitation: MUST BE DIAGNOSED EMOTION/BEHAVIOR IMPAIRED
Wait List:
Fee: PRIVATE/THIRD PARTY INSURANCE RATES 98.80 DAY, EAP PYMT
Procedure:
Cins/Fins: YES-IF 3RD PARTY INSURANCE WILL COVER
Other: EMOTIONAL PROB, DELINQUENCY, SUBSTANCE ABUSE
Address: PO BOX 7450 CLEARWATER, FL 34618-7450
Phone: 813-461-2990 Hours: 8 - 5 PM

GRESSION/DELINQUENCY
Code: 113 Agency: GREATER TAMPA URBAN LEAGUE
Service: COUNSELING, WORKSHOPS, PREVENTION PROGRAMS (DRUG, CRIME PREGNANCY, BASIC ADULT EDU, BLACK LIFE ENHANCEMENT,
Duration:
Limitation: LOW INCOME
Wait List:
Fee: NONE
Procedure: CALL 229-8117
Cins/Fins:
Other: AT RISK YOUTH
Address: 1405 TAMPA PARK PLAZAC TAMPA 33605
Phone: 229-8117 Hours: 9 - 5 PM

Juvenile Assessment Center
Service Provider List

GRESSION/DELINQUENCY
Code: 115 Agency: SLA SHERIFFS YOUTH RANCH
Service: RESIDENTAL CARE FOR DELINQUENT OR TROUBLED YOUTH AND FAMILY, OUTPATIENT FAMILY COUNSELING
Duration:
Limitation: FL RESIDENT AGES 8-18, NO DRUG DEPEND.
Wait List:
Fee:
Procedure: APPLY THRU HILLS COUNTY SHERIFF OFFICE
Cins/Fins:
Other: LIMITAION: NO APPROPRIATE LIVING ARRANGEMENTS
Address: 3180 COUNTY ROAD 102 SAFETY HARBOR,L 34695
Phone: 725-4761 Hours:

GRESSION/DELINQUENCY
Code: 117 Agency: STEPPIN STONE FARM
Service: EDUCATION/AWARENESS, COUNSELING, RECREATION, MEDICAL
Duration:
Limitation: FEMALES, AGES 13-17. DELINQUENTS AND RUNAWAYS
Wait List:
Fee: $310 MONTH PLUS SCHOOL EXPENSES
Procedure: PARENT, GUARDIAN, COURT REFERRAL
Cins/Fins:
Other: ANNA L. KEISER, HEAD
Address: 8421 PRITCHARD LITHIA, FL 33547
Phone: 685-5779 Hours: RESIDENTIAL

HILDREN'S SERVICES
Code: 124 Agency: CHILDREN'S SERVICES
Service:
PROBLEMS, PARENTING PROG, SHELTER FOR ABUSE/NEGLECTED
Duration: RESIDENTAL 12-24 MOS, PARENTING 18 HR COURSE
Limitation: NOT TOO MUCH LEGAL HX
Wait List: NONE
Fee: NO FEES FOR RESIDENTAL, PARENTING $9 -15
Procedure: COORD THRU SCHOOL SYSTEM, SHELTER THRU HRS
Cins/Fins:
Other: INDEPENDENT LIVING PROGRAM GIRLS 15-18
Address: 3110 CLAY MANGUM LANED TAMPA, FL 33618
Phone: Hours:

Juvenile Assessment Center
Service Provider List

DUCATION/ACADEMIC
Code: 94 Agency: CINS/FINS
Service: ASSESSMENTS & RECOMMENDATIONS FOR SHORT TERM TX (INDIVI
FAMILY COUNSEL., HAVEN POE SERV, RESPIT SERVICES
Duration: 12 SESSIONS 7/OR ACCORDING TO FAMILY NEEDS
Limitation: AGE 6-17, NO FAMILY W/HRS DEPENDENCY OR DELINQ SUPERV
Wait List: NOT ALWAYS
Fee: NO
Procedure: PARENT OR GUARDIAN TO CALL 276-2097
Cins/Fins:
Other:
Address:
Phone: Hours:

DUCATION/ACADEMIC
Code: 92 Agency: ERWIN VOCATIONAL TECHNICAL
Service: COUNSELING, VOCATIONAL, TESTING, VOCATIONAL TRAINING
Duration:
Limitation: AGE 18 PLUS
Wait List: NO
Fee: SLIDING SCALE-TUTION ASSIST AVAIL,·NO INSURANCE
Procedure: CALL 231-1800
Cins/Fins:
Other:
Address: 2010 E. HILLSBOROUGH AVE TAMPA 33610
Phone: 231-1800 Hours: 7:30 AM - 4 PM AND

DUCATION/ACADEMIC
Code: 91 Agency: HCSB GUIDANCE INFORMATION CENTER
Service: DROPOUT PREVENTION, GUIDANCE COUNSELING, CAREER AND
EDUCATION PLANNING
Duration: AS NEEDED
Limitation: NO
Wait List: NO
Fee: NO
Procedure:
Cins/Fins:
Other:
Address: 411 HENDERSON BLVD TAMPA 33602
Phone: 273-7080 Hours: 8 - 5 PM

Juvenile Assessment Center
Service Provider List

DUCATION/ACADEMIC
Code: 90 Agency: HILLS COUNTY ADULT & COMMUNITY EDUCATION
Service: BASIC COURSES, GED. SPEC TRAINING,

Duration:
Limitation:
Wait List:
Fee:
Procedure:
Cins/Fins:
Other:
Address: 4602 N. SEMINOLE AVE TAMPA 33603
Phone: 276-5654 2 PM 276-5665 2 PM Hours:

DUCATION/ACADEMIC
Code: 93 Agency: HILLS COUNTY SCHOOL BOARD-BREWSTER TECH
Service: VOCATIONAL ASSESSMENT, AND TRAINING, ADULT GENERAL EDU

Duration: DEPENDS ON COURSES
Limitation: AGE 18 PLUS
Wait List: FOR SOME CLASSES
Fee: YES
Procedure: YES
Cins/Fins:
Other:
Address: 2222 N. TAMPA ST. # 207 TAMPA 33602
Phone: 276-5472 Hours:

DUCATION/ACADEMIC
Code: 88 Agency: PROJECT UPWARD BOUND
Service: COUNSELING, TUTORING, EXPERIENCES, CULTURAL ACTIVITIES

Duration: SUMMER AND ACADEMIC YEAR
Limitation: GRADE 10, 11, LOW INCOME, ACAD POTENTIAL UNDERACHIEVE
Wait List: NO
Fee: NO
Procedure: WRITE ABOVE ADDRESS
Cins/Fins:
Other:
Address: USF TAMPA 33620
Phone: Hours:

Juvenile Assessment Center
Service Provider List

DUCATION\ACADEMIC
Code: 89 Agency: ILAP/INTENSIVE LRNG ALTERNATIVE PROGRAMS
Service: ALTERNATIVE EDU FOR STUDENTS W/ACADEMIC, MOTIVATIONAL, BEHAVIOR PROBLEMS
Duration: AS NEEDED
Limitation: DISCUSS ON CASE BASIS
Wait List: NO
Fee: NO
Procedure:
Cins/Fins:
Other:
Address: 9325 BAY PLAZA SUITE 208 33619
Phone: 744-6195 Hours:

DUCATIONAL/ACADEMIC
Code: 87 Agency: MCFARLANE SCHOOL
Service: CLASS, NURSERY, DAY CARE, DOCTOR CLINIC, WIC, NURSE
Duration: DURATION OF PREGNANCY AND TIL GRADUATION
Limitation: PREGNANT
Wait List: NO
Fee: NO
Procedure: PROOF OF PREGNANCY, LEGAL GUARDIAN TO SIGN
Cins/Fins:
Other:
Address: 1721 N. MCDILL TAMPA
Phone: 872-5275 Hours:

MPLOYEMENT/JOB TRAINING
Code: 102 Agency: NEIGHBORHOOD YOUTH CORPS
Service: EMPLOYABILITY, SKILLS TRAINING, RESUME WRITING, INTERVIEW SKILLS
Duration:
Limitation: NO YOUTH
Wait List: NO
Fee: NO
Procedure: CALL
Cins/Fins:
Other:
Address: 1142 LAUREL ST TAMPA 33607
Phone: 276-5705 Hours:

Juvenile Assessment Center
Service Provider List

MPLOYMENT/ JOB TRAINING
Code: 97 Agency: EMPLOYMENT & TRAINING HILLS COUNTY
Service: EMPLOYMENT, TRAINING, CAREER COUNSELING, EMPLOYABILITY SKILLS, SKILLS TRAINING.
Duration:
Limitation:
Wait List: NO
Fee: NO
Procedure:
Cins/Fins:
Other:
Address: 9250 BAY PLAZA BLVD #320 TAMPA 33619
Phone: 744-5547 Hours:

MPLOYMENT/JOB TRAINING
Code: 99 Agency: FLA DEPT OF LABOR AND SECURITY
Service: APPRENTICESHIP TRAINING, REFERRAL TO PROGRAM SPONSORS
Duration:
Limitation: NO
Wait List: NO
Fee: NO
Procedure:
Cins/Fins:
Other:
Address: 9215 N. FLORIDA AVE. #101 TAMPA 33612
Phone: 933-75533 Hours:

MPLOYMENT/JOB TRAINING
Code: 96 Agency: HCSB-BREWSTER TECHNICAL CENTER
Service: VOCATIONAL ASSESSMENT AND TRAINING, ADULT GENERAL EDU
Duration: DEPENDS ON COURSES
Limitation: AGE 18 PLUS
Wait List: FOR SOME CLASSES
Fee: YES SLIDING SCALE ALSO
Procedure:
Cins/Fins:
Other:
Address: 2222 N. TAMPA ST. # 207 TAMPA 33602
Phone: 276-5472 Hours:

Juvenile Assessment Center
Service Provider List

MPLOYMENT/JOB TRAINING
Code: 98 Agency: JOB SERVICE OF FLORIDA - JOB CORPS
Service: EDUCATION AND VOCATION SKILLS TRAINING-160 PROGRAMS

Duration: 8 MOS RESIDENTIAL PROGRAM
Limitation: AGE 16 - 22, INCOME REQUIREMENTS
Wait List: FOR SOME CLASSES
Fee: NO LIVING ALLOW, TRAVEL ALLOW, RE-ENTRY ALLOW PROVIDED
Procedure: CALL 1-800-342-3450 OR WALK IN
Cins/Fins:
Other: WOMEN WITH CHILDREN MAY BRING CHILDREN
Address: 4006 N. FLORIDA AVE. TAMPA 33603
Phone: Hours:

MPLOYMENT/JOB TRAINING
Code: 100 Agency: LUTHERAN MINISTRIES
Service: YOUTH, UNEMPLOYED PERSONS, TRAINING, PLACEMENT

Duration:
Limitation: ADOLESCENTS, ADULTS
Wait List: NO
Fee: NO
Procedure:
Cins/Fins:
Other:
Address: 3825 HENDERSON BLVD #204 TAMPA 33629
Phone: 287-2373 Hours:

MPLOYMENT/JOB TRAINING
Code: 101 Agency: LUTHERAN MINISTRIES
Service: YOUTH, UNEMPLOYED PERSONS, TRAINING, PLACEMENT

Duration:
Limitation: ADOLESCENTS, ADULTS
Wait List: NO
Fee: NO
Procedure:
Cins/Fins:
Other:
Address: 5225 FOURTH ST N, STE G ST PETERSBURG 33703
Phone: 528-0559 Hours:

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1PLOYMENT/JOB TRAINING
Code: 103 Agency: PRIVATE INDUSTRY COUNCIL
Service: EMPLOYMENT OPPORTUNITY FOR ADOLESCENTS

Duration: SUMMER AND SCHOOL YEAR
Limitation: AGES 14 - 21
Wait List: NO
Fee: NO
Procedure: SCHL GUIDANCE AND OCCUPATIONAL DEPTS
Cins/Fins:
Other: MAY NOT BE OPTION FOR HABITUAL DELINQ OR TRUANT
Address: 4010 NORTH FLORIDA AVE TAMPA
Phone: 223-8451 Hours:

1PLOYMENT/JOB TRAINING
Code: 104 Agency: WORK EXPERIENCE PROGRAM HCSB
Service: EMPLOYMENT TRAINING, WORK EXPERIENCE, JOB PLACMENT

Duration:
Limitation: AGES 14 PLUS, GRADES 7 - 12
Wait List: NO
Fee: NO
Procedure:
Cins/Fins:
Other:
Address: 5410 N. 20TH ST TAMPA 33610
Phone: 231-1865 Hours:

AMILY RELATIONS
Code: 79 Agency: ALANON-AL TEENS
Service: GROUPS FOR FRIENDS/FAMILIES OF ALCOHOLICS

Duration: ONGOING GROUPS
Limitation: NO
Wait List: NO
Fee: NO
Procedure: CALL
Cins/Fins:
Other:
Address:
Phone: 229-5251 957-5065 Hours:

Juvenile Assessment Center
Service Provider List

AMILY RELATIONS
Code: 86 Agency: DOMESTIC VIOLENCE INTERVENTION PRM
Service: INDIVIDUAL COUNSELING FOR VICTIMS, ASSIS. FOR VICTIMS OF CRIME, ASSIS. COMP. INJUNCTIONS FOR PROTECTION
Duration: AS NEEDED
Limitation: VICTIMS OF ABUSE/VIOLENCE
Wait List: NO
Fee: NO
Procedure: CALL
Cins/Fins:
Other:
Address: 902 N. FLORIDA TAMPA 33602
Phone: 272-6423 Hours: 8AM-5PM

AMILY RELATIONS
Code: 78 Agency: HAVEN POE RUNAWAY SERVICES
Service: CRISIS, CHRONIC PREVENTION-RESIDENTIAL WITH COUNSELING SEVERAL WEEKS OR LONGER
Duration: FEW WEEKS(CRISIS) MONTHS(CHRONIC)
Limitation: ADOLESCENTS,CHILDREN
Wait List: NO
Fee: NO
Procedure: CHILDREN, PARENTS, OR PROFESSIONAL MAY CONTACT
Cins/Fins: YES
Other:
Address: 205 BEACH PLACE TAMPA 33606
Phone: 272-6606 Hours:

AMILY RELATIONS
Code: 77 Agency: HIS KIDS
Service: LARGE FAMILY EMERGENCY PLACEMTNS
Duration: HOWEVER LONG IT TAKES
Limitation: AGES 6-18
Wait List:
Fee: $300 A MO - IF CAN'T AFFORD CAN COME ANYWAY
Procedure: CALL
Cins/Fins:
Other:
Address:
Phone: 746-7860 Hours:

Juvenile Assessment Center
Service Provider List

AMILY RELATIONS
Code: 84 Agency: INTENSIVE TEENAGE PARENTING PGM
Service: THROUGH NORTHSIDE - PARENTING EDUCATION, AND SELF HELP GROUP
Duration:
Limitation: PARENTS NEEDING SUPPORT
Wait List: NO
Fee: SLIDING SCALE
Procedure: CALL
Cins/Fins:
Other:
Address: 12512 BRUCE B. DOWNS TAMPA 33612
Phone: 977-8700 Hours:

AMILY RELATIONS
Code: 80 Agency: MENTAL HEALTH ASSOCIATION
Service: "SHARE AND CARE"-PEER SUPPORT FOR FAMILIES OF THE MENTALLY ILL
Duration: ONGOIN GRP
Limitation: FAMILIES OF MENTALLY ILL
Wait List: NO
Fee: NO
Procedure: CALL
Cins/Fins:
Other:
Address:
Phone: 273-0328 Hours:

AMILY RELATIONS
Code: 82 Agency: NEW LIFE DWELLING PLACE
Service: REUNIFICATION OF FOSTER CARE CHILDREN AND MOTHERS IN RESIDENTIAL SETTING
Duration:
Limitation: MOTHERS AGE 16+ AND THEIR CHILDREN
Wait List: YES
Fee: NO
Procedure: CALL SISTER PAM NOLAN
Cins/Fins:
Other: OUTREACH PRG FOR THSASSA,DOVER,MANGO,SEFFNER,PLANT CITY
Address: PO BOX 1126 THONOTOSASSA 33592
Phone: 986-5456 Hours:

Juvenile Assessment Center
Service Provider List

AMILY RELATIONS
Code: 81 Agency: OAK GROVE UNITED METHODIST'S
Service: TOUGH LOVE-SUPPORT FOR PARENTS OF DIFFICULT TEENS

Duration: ONGOING GRPS
Limitation: NO
Wait List: NO
Fee: NO
Procedure: CALL
Cins/Fins:
Other:
Address: 8407 N HABANA TAMPA
Phone: 651-7778 Hours:

AMILY RELATIONS
Code: 76 Agency: PARENT EDUCATION NETWORK OF FLORIDA
Service: STATEWIDE PARENT ORGANIZAITON WHICH PROVIDES EDUCATION INFO AND SUPPORT FOR PARENTS W/KIDS WHO HAVE DISABLITIS
Duration: AS NEEDE
Limitation: MUST HAVE DISABILITY AGE UP TO 20 YRS
Wait List: NONE
Fee: FREE IN FL
Procedure: PARENT CONTACTS AGENCY
Cins/Fins:
Other: INCLUDES;ADD,AUTISM,EMOTIONAL DISAB,MENTAL, HEARING ETC
Address: 1211 TECH BLVD SUITE 105 TAMPA 33619
Phone: Hours:

AMILY RELATIONS
Code: 83 Agency: PROJECT EMPOWER
Service: PARENTING EDUCATION,PEDIATRIC CLINIC, FAILURE-TO THRIVE BABIES CLINIC
Duration: AS NEEDED
Limitation: CHILDREN AND PARENTS
Wait List: NO
Fee: STATE GOV'T FUNDED
Procedure: CALL
Cins/Fins:
Other:
Address: 302 N. MICHIGAN AVE PLANT CITY 33566
Phone: 757-3895 Hours:

Juvenile Assessment Center
Service Provider List

AMILY RELATIONS
Code: 85 Agency: THE CHILDREN'S HOME
Service: RESIDENTIAL:SPECIAL NEEDS, ADOPTION, MATERNITY, THERAPEUTIC FOSTER HOME, FAMILY PRESERVATION COUNSELING TEAM
Duration: UP TO SEVERAL YEARS
Limitation: AGES 5-18
Wait List:
Fee: FUNDED BY UNITED WAY
Procedure: CALL OR WRITE ADMIN
Cins/Fins:
Other: WILL NOT ACCEPT:CONDUCT DISORDER,LONG HIST OF DELIQ,ETC
Address: 10909 MEMORIAL HIGHWAY TAMPA 33615
Phone: 855-4435 Hours:

ENTAL HALTH COUNSELING AND ABUSE VICTIM SERVICES
Code: 43 Agency: NORTHSIDE CENTERS
Service: OUTPATIENT, PSYCHIATRIC HOSP, EMPLOYEE ASSITANCE
Duration: VARIES
Limitation:
Wait List:
Fee:
Procedure:
Cins/Fins:
Other:
Address: 13301 BRUCE B. DOWNS BLVS TAMPA
Phone: 977-8700 Hours:

ENTAL HEALTH COUNSELING - RAPE, SEX ABUSE, INCEST
Code: 65 Agency: CHILD ABUSE COUNCIL, INC
Service: EDUCATION/AWARENESS, INDIV/GRP THERAPY, COUSELING,CRIS INTERVENTION, SUPPORT GRPS, COUNSELING FOR ABUSED KIDS
Duration:
Limitation: ABUSED, NEGLECTED, OR AT RISK
Wait List: SMALL FOR SOME PRGS.
Fee: NONE, SLIDING SCALE
Procedure:
Cins/Fins:
Other:
Address: 305 S. BREVARD TAMPA 33606
Phone: 2512020 Hours:

Juvenile Assessment Center
Service Provider List

ENTAL HEALTH COUNSELING AND ABUSE VICTIM SERVICES
Code: 52 Agency:
Service: SPANISH SPEAKING OUTPATIENT
DR. WYNN
Duration:
Limitation:
Wait List: NO
Fee: NO SLIDING SCALE - ACCEPTS INSURACE
Procedure:
Cins/Fins:
Other:
Address:
Phone: 972-3000 Hours:

ENTAL HEALTH COUNSELING AND ABUSE VICTIM SERVICES
Code: 34 Agency: CATHOLIC CHARITIES
Service: CHILDREN AND FAMILY OUTREACH

Duration: AS NEEDED
Limitation: NON DENOMINATIONAL
Wait List: 2-3 WEEKS
Fee: $20-$75 SLIDING SCALE MINIMUM OF $20, INSURANCE
Procedure:
Cins/Fins:
Other:
Address: 702 ALSOBROOK PLANT CITY 33556
Phone: 757-3871 Hours:

ENTAL HEALTH COUNSELING AND ABUSE VICTIM SERVICES
Code: 35 Agency: CHARTER OF TAMPA BAY
Service: GROUPS, INDIVIDUAL-COUNSELING FOR FAMILIES TRAINING AND
INSECURITIES FOR STAFF AIND PARENTS
Duration: DEPENDS ON TYPE USED
Limitation: MUST BE VOLUNTARY
Wait List: NO
Fee: VARIES, SLIDING SCALE, ALL TYPES OF INSURANCE
Procedure: CALL FIRST
Cins/Fins: ACCEPT REFERRAL FROM THEN ONCE INS. HAS BEEN
Other: EXHAUSETED
Address:
Phone: 238-8671 Hours:

Juvenile Assessment Center
Service Provider List

ENTAL HEALTH COUNSELING AND ABUSE VICTIM SERVICES
Code: 46 Agency: CHILDREN'S HOME
Service:

Duration:
Limitation:
Wait List:
Fee:
Procedure:
Cins/Fins:
Other: SPANISH SPEAKING OUTPATIENT
Address: MARTHA HART
Phone: 855-4435 Hours:

ENTAL HEALTH COUNSELING AND ABUSE VICTIM SERVICES
Code: 36 Agency: CHILDRENS RESOURCE CENTER TEEN PARENTING
Service: TEENAGE RAP SESSIONS, INDIVIDUAL COUNSELING, PARENTING EDUCATION
Duration: AS NEEDED
Limitation: TO AGE 18
Wait List: NO
Fee: SLIDING SCALE
Procedure: CALL
Cins/Fins:
Other:
Address: 2905 E. HENRY TAMPA 33610
Phone: 238-8495 Hours:

ENTAL HEALTH COUNSELING AND ABUSE VICTIM SERVICES
Code: 59 Agency: CRISIS CENTER
Service: PSYCHIATRIC EVALUATION FOR MEDICATION LIFE CRISIS INDIVIDUAL COUNSELING, CRISIS COUSELING
Duration: AS NEEDED
Limitation: NO
Wait List: NO
Fee: SLIDING SCALE, MEDICAID, MEDICARE PRIVATE
Procedure:
Cins/Fins:
Other:
Address: 2214 E. HENRY AVE TAMPA 33610
Phone: 238-8821 Hours:

Juvenile Assessment Center
Service Provider List

ENTAL HEALTH COUNSELING AND ABUSE VICTIM SERVICES
Code: 47 Agency: DANIA BROWN MHC
Service: SEXUAL ABUSE SPECIALIST

Duration:
Limitation:
Wait List: NO WAITING LIST
Fee: NO SLIDING SCALE $75 HOUR
Procedure:
Cins/Fins:
Other: SPANISH SPEAKING OUTPATIENT
Address:
Phone: 935-4768 Hours:

ENTAL HEALTH COUNSELING AND ABUSE VICTIM SERVICES
Code: 37 Agency: FAMILY BUILDERS
Service: EVALUATION, COUNSELING SERVICES IN THE HOME

Duration: 3-4 MONTHS
Limitation: CAN ONLY BE HRS CLIENTS
Wait List: 1-3 MONTHS
Fee: $50 A VISIT SLIDING SCALE, INSURANCE ACCEPTED
Procedure: MUST GO THROUGH HRS
Cins/Fins:
Other:
Address:
Phone: 977-0337 977-8700 Hours:

ENTAL HEALTH COUNSELING AND ABUSE VICTIM SERVICES
Code: 38 Agency: FAMILY SERVICE ASSCO
Service: MENTAL HEALTH OUTPATIENT, FAMILY COUNSELING - INDIVID
AND GROUP COUNSELING
Duration: DEPENDS ON CASE
Limitation: NO CHRONIC MENTAL ILLNESS
Wait List: NEED TO CHECK
Fee: $9-$90 PER SESSION, SLIDING SCALE, NO MEDICAID
Procedure: CALL 238-3727
Cins/Fins:
Other: ALSO LOCATION IN BRANDON
Address: 5800 N. NEBRASKA AVE TAMPA 33604
Phone: 238-3727 Hours:

Juvenile Assessment Center
Service Provider List

ENTAL HEALTH COUNSELING AND ABUSE VICTIM SERVICES
Code: 39 Agency: FAMILY SERVICES PLANNING TEAM
Service: THERAPY RESPITE SERVICES

Duration: 6 MONTHS
Limitation: IT IS VOLUNTARY
Wait List: 3-6 WKS
Fee: $50 SLIDING SCALE, ALL TYPES OF INSURANCE
Procedure: CALL FIRST
Cins/Fins:
Other:
Address: 1403 W. REYNOLDS PLANT CITY 33566
Phone: 752-2751 Hours:

ENTAL HEALTH COUNSELING AND ABUSE VICTIM SERVICES
Code: 40 Agency: GENESIS WOMEN'S CHILDREN'S HEALTH CARE
Service: COUNSELING FOR FAMILIES EXPERIENCING LIFE CRISIS, ADJUSTMENT PROBLEMS
Duration: AS NEEDED
Limitation:
Wait List: NO
Fee: YES, SLIDING SCALE, INSURANCE
Procedure: CALL 8AM-4:30PM
Cins/Fins:
Other:
Address: 5802 N. 30TH ST. TAMPA 33610
Phone: 238-0066 Hours:

ENTAL HEALTH COUNSELING AND ABUSE VICTIM SERVICES
Code: 53 Agency: MARIA ISAZA
Service: SPANISH SPEAKING OUTPATIENT

Duration:
Limitation:
Wait List: SHORT
Fee: $110 HR
Procedure:
Cins/Fins:
Other: ALSO MARRIAGE COUNSELING
Address: TAMPA
Phone: 871-2123 Hours:

Juvenile Assessment Center
Service Provider List

ENTAL HEALTH COUNSELING AND ABUSE VICTIM SERVICES
Code: 48 Agency: MENTAL HEALTH CARE
Service: SPANISH SPEAKING OUTPATIENT

Duration:
Limitation:
Wait List: 2-3 MONTHS
Fee:
Procedure:
Cins/Fins:
Other: MICHELLE AMBRIOSO
Address:
Phone: 237-3914 Hours:

ENTAL HEALTH COUNSELING AND ABUSE VICTIM SERVICES
Code: 42 Agency: MENTAL HEALTH CARE BAYLIFE INTAKE
Service: INPATIENT, OUTPATIENT COUNSELING ADULTS, CHILDREN YOUTH

Duration:
Limitation: 1 OR NO PRIOR HOSPITALIZATIONS
Wait List: SOME PROGRAMS 1-2 MONTHS
Fee: 0-$100, SLIDING SCALE, MEDICAID, MEDICARE
Procedure:
Cins/Fins:
Other: MOBILE RESPONSE TEAM 237-8273
Address: 5707 N. 22ND ST TAMPA 33610
Phone: 237-8273 237-3914 Hours:

ENTAL HEALTH COUNSELING AND ABUSE VICTIM SERVICES
Code: 49 Agency: MENTAL HEALTH CENTER WEST
Service:

Duration:
Limitation:
Wait List: 1 MONTH
Fee:
Procedure:
Cins/Fins:
Other: SPANISH SPEAKING OUTPATIENT
Address:
Phone: 254-1415 Hours:

IENTAL HEALTH COUNSELING AND ABUSE VICTIM SERVICES
Code: 55 Agency: SOCIAL WORK SERVICES
Service: CASE MANAGEMENT W/COMMUNITY RESOURCES, SUPPORTIVE COUNS

Duration: NO TIME LIMIT
Limitation: RESIDENT OF SILLSBOROUGH COUNTY
Wait List: NONE
Fee: NONE
Procedure: CALL 272-6463 AND REQUEST REFERRAL
Cins/Fins:
Other: ATTN PARTICIA CUTRANO
Address: 3402 N. 22ND ST. TAMPA 33605
Phone: 272-6463 Hours:

IENTAL HEALTH COUNSELING AND ABUSE VICTIM SERVICES
Code: 54 Agency: ST. JOSEPHS MENTAL HEALTH CENTER
Service: INPATIENT, OUTPATIENT-CRISIS ALSO CHILDREN, ADOLESCENTS ADULTS
Duration:
Limitation: NONE
Wait List: MP
Fee: SLIDING SCALE AND INSURANCE
Procedure: EMERGENCY CAN CALL 872-9299
Cins/Fins:
Other:
Address: 3001 W. M.L.K. BLVD TAMPA 33607
Phone: 872-9299 Hours:

IENTAL HEALTH COUNSELING AND ABUSE VICTIM SERVICES
Code: 51 Agency: STEIN WELLNESS CENTER
Service: SPANISH SPEAKING OUTPATIENT - CARMEN STEIN

Duration:
Limitation:
Wait List: NO
Fee: SLIDING SCALE
Procedure:
Cins/Fins:
Other:
Address:
Phone: 685-2221 Hours:

Juvenile Assessment Center
Service Provider List

ENTAL HEALTH COUNSELING AND ABUSE VICTIM SERVICES
Code: 56 Agency: TAMPA JEWISH FAMILY SERVICES
Service: INDIVIDUAL, FAMILY, MARITAL

Duration: SHORT/INTERMEDIATE
Limitation: CAN'T BE ON MEDS - NO ACTIVE SUBSTANCE ABUSE
Wait List: 1-2 MONTHS, LONGER FOR FAMILY
Fee: $25-75, SLIDING SCALE, INSURANCE
Procedure: CONTACT INTAKE COUSELOR TERRI MURPHY
Cins/Fins: YES - WILL WORK WITH US
Other: INFO PER-CLINICAL DIRECTOR MS SOHNEIDER
Address: 112 S. MAGNOLIA TAMPA
Phone: 251-0083 Hours:

ENTAL HEALTH COUNSELING AND ABUSE VICTIM SERVICES
Code: 41 Agency: THE LIFE CENTER OF THE SUNCOAST, INC.
Service: OUTPATIENT COUNSELING FOR PEOPLE WITH LIFE THREATENING ILLNESS OR WHO HAVE LOST A LOVE ONE
Duration: VARIES
Limitation: GRIEF EXPERIENCES
Wait List: NO
Fee: $20 PER VISIT, SLIDING SCALE
Procedure: SELF-FAMILY MUST CALL
Cins/Fins:
Other:
Address: 214 S. FIELDING AVE TAMPA 33606
Phone: 251-0289 Hours:

ENTAL HEALTH COUNSELING AND ABUSE VICTIM SERVICES
Code: 57 Agency: USF - PSYCHOLOGICAL SERVICES
Service: COUNSELING/ASSESMENTS

Duration: 1-12 MONTHS
Limitation: NOT ACTIVELY PSYCHOTIC/NO COART REFERRAL
Wait List: 1-2 WEEKS
Fee: 0-$50
Procedure: CALL A CLINIC ASSISTANT
Cins/Fins:
Other:
Address:
Phone: 974-2496 Hours:

Juvenile Assessment Center
Service Provider List

ENTAL HEALTH COUNSELING AND ABUSE VICTUM SERVICES
Code: 33 Agency: BAY AREA YOUTH SERVICES
Service: OUTPATIENT TREATMENT IN OFFICE OR HOME, REFERRAL AND INFO SERVICES, PROBATIONARY SERVICES
Duration:
Limitation: DELINQUENTS AGES 7-18YRS
Wait List: NONE
Fee: NONE
Procedure:
Cins/Fins:
Other: ED/AVARENESS, INDIVIDUAL/GROUP/FAMILY COUNSELING ETC
Address: 2410 E. BUSCH BLVD TAMPA 33612
Phone: 932-8939 Hours:

ENTAL HEALTH COUNSELING AND VICTIM ABUSE SERVICES
Code: 63 Agency: CENTRE FOR WOMEN
Service: OUTPATIENT COUNSELING FOR WOMEN DISPLACED HOMEMAKERS PROGRAM
Duration: DRUG/ALCOHOL - SEVERAL MONTHS
Limitation: WOMEN 18YRS
Wait List: NO
Fee: SLIDING SCALE MEDICAID, MEDICARE, PRIVATE
Procedure: CALL
Cins/Fins:
Other:
Address: 305 S. HYDE PARK AVE TAMPA
Phone: 251-8437 Hours:

ENTAL HEALTH COUNSELING AND VICTIM ABUSE SERVICES
Code: 60 Agency: CRISIS CENTER
Service: PSYCHIATRIC EVAL FOR MEDS., LIFE CRISIS, INDIVIDUAL - COUNSELING, CRISIS COUNSELING
Duration: AS NEEDED
Limitation: NO
Wait List: NO
Fee: SLIDING SCALE, MEDICAID, MEDICARE, PRIVATE
Procedure:
Cins/Fins:
Other:
Address: PLANT CITY 33655
Phone: 653-9150 Hours:

Juvenile Assessment Center
Service Provider List

ENTAL HEALTH COUNSELING AND VICTIM ABUSE SERVICES
Code: 61 Agency: CRISIS CENTER
Service: INPATIENT, MENTAL HEALTH ACUTE CARE

Duration: UP TO 2 WEEKS
Limitation: BAKER ACT AND VOLUNTARY
Wait List: NO
Fee: SLIDING SCALE, MEDICARE, MEDICAID, PRIVATE
Procedure:
Cins/Fins: CALL OR REQUEST TRANSPORT
Other:
Address: 209 S. MORGAN ST. TAMPA 33602-5339
Phone: 228-0011 Hours:

ENTAL HEALTH COUNSELING AND VICTIM ABUSE SERVICES
Code: 62 Agency: METROPOLITAN MINISTRIES-MANNA HOUSE
Service: MEDICAL CARE, COUNSELING, WORK THERAPY

Duration: LONGTERM
Limitation: SUBSTANCE ABUSE
Wait List: NO
Fee: SLIDING SCALE
Procedure: CALL
Cins/Fins:
Other:
Address: 1910 B N. FLORIDA AVE TAMPA 33602
Phone: 221-2128 Hours:

ENTAL HEALTH COUNSELING AND VICTIM ABUSE SERVICES
Code: 50 Agency: NORTHSIDE CENTERS
Service: SPANISH SPEAKING OUTPATIENT - MARISOL MUNOZ

Duration:
Limitation:
Wait List: 4-6 WEEKS
Fee:
Procedure:
Cins/Fins:
Other:
Address:
Phone: 977-8700 Hours:

Juvenile Assessment Center
Service Provider List

ENTAL HEALTH COUNSELING AND VICTIM ABUSE SERVICES
Code: 45 Agency: PERSONAL RESOURCES CENTER - THE PANOS CT
Service: GROUP THERAPY, PSYCHIATRIC EVAL, INDIVIDUAL/FAMILY COUNSELING
Duration: UP TO 6 MTHS
Limitation:
Wait List: 3-6 WKS
Fee: $75 FOR THERAPY, SLIDING SCALE, INSURANCE
Procedure: CALL FIRST
Cins/Fins:
Other:
Address: 1403 W. REYNOLDS ST. PLANT CITY 33566
Phone: 752-2751 684-0276 Hours:

ENTAL HEALTH COUNSELING AND VICTIM ABUSE SERVICES
Code: 58 Agency: THE CHILDREN'S MOVE
Service: RESIDENTIAL SPECIAL NEEDS, ADOPTION, MATERNITY, THERAPEUTIC FOSTER HOME, FAMILY PRESERVATION COUNSELING TEAM
Duration: UP TO SERVERAL YEARS
Limitation: AGES 5-18
Wait List:
Fee: FUNDED BY UNITED WAY
Procedure: CALL OR WRITE ADMISSIONS
Cins/Fins:
Other: WILL NOT ACCEPT:SEVER CONDUCT DISORDER,AGRESSIVE,ETC
Address: 10909 MEMORIAL HIGHWAY TAMPA 33615
Phone: 855-4435 Hours:

ENTAL HEALTH COUNSELING ANDVICTIM ABUSE SERVICES
Code: 44 Agency: MENTAL HEALTH CARE, INC
Service: MOBILE CRISIS, OUTPATIENT COUNSELING

Duration:
Limitation:
Wait List:
Fee:
Procedure:
Cins/Fins:
Other:
Address: 5707 N. 22ND ST TAMPA
Phone: 237-3914 Hours:

Juvenile Assessment Center
Service Provider List

ENTAL HEALTH COUNSELING, RAPE, SEX, INCEST
Code: 64 Agency: PSYCHOLOGICAL MANAGEMENT GROUP
Service: ADOLESCENT AND ADULT OFFENDER PROGRAMS, VICTIM TRTMENT
HANDLE DEVELOPMENTALLY DISABLED OFFENDERS, VICTIMS
Duration:
Limitation: NO
Wait List: NO
Fee: $65-$100 ASSESSMENT $20 PER VISIT
Procedure: SELF
Cins/Fins:
Other:
Address: 15436 N. FLORIDA SUITE102 TAMPA 33613
Phone: 963-1016 Hours:

ENTAL HEALTH COUNSELING-ABUSE, RAPE, INCEST
Code: 75 Agency: HILLS. CO. CHILD & FAMILY COUNSELING SVC
Service: COUNSELING TO CHILDREN AND THEIR FAMILIES WHO ARE
EXPERIENCING SCHOOL PROBS.,RUNAWAY, OR UNGOVERNABLE
Duration: VARIES
Limitation: AGES6-18-NO ACTIVE DEPENDANCY/DELINQUENCY CASE W/HRS
Wait List:
Fee: NONE
Procedure: CALL
Cins/Fins:
Other:
Address:
Phone: 276-2097 Hours: 8AM-9PM, M-F, 276-20

ENTAL HEALTH COUNSELING-ABUSE,RAPE INCEST
Code: 69 Agency: THE SPRING - MEN'S ABUSER'S PRG
Service: FAMILY VIOLENCE INTERVENTION PROGRAM
SPANISH SPEAKING GROUPS AVAILABLE
Duration:
Limitation:
Wait List:
Fee: $350
Procedure:
Cins/Fins:
Other: 6 MONTHS OUTPATIENT
Address: 5118 N. 56TH ST TAMPA
Phone: 247-7233 621-7233 Hours:

Juvenile Assessment Center
Service Provider List

ENTAL HEALTH COUNSELING-ABUSE,RAPE,INCEST
Code: 74 Agency: CHILDREN'S SERVICES
Service: RESIDENTIAL 6-12YRS, SEVERE EMOTIONAL BEHAVIOR PROBLEMS PARENTING PRG., SHELTER FOR ABUSED, INDEPEN LIVING PRG
Duration: RESI-12-24MTHS, PARENTING 18 HR COURSE
Limitation: NOT TOO MUCH OF LEGAL HX
Wait List: NONE
Fee: NO FEES FOR RESI. PARENTING $9-$15
Procedure: CALL EXT 128 FOR PARENTING/EXT130 FOR RESI
Cins/Fins:
Other: CALL EXT 171 FOR INDEPENDANT LIVING PRG
Address: 3110 CLAY MANGUM LN TAMPA 33618
Phone: Hours:

ENTAL HEALTH COUNSELING-RAPE, ABUSE, INCEST
Code: 66 Agency: COUNSELING SVCS. OF BRANDON-TONI BROWN
Service: PRIVATE COUNSELING FOR RAPE, SEX ABUSE, HOMOSEXUAL ISSUES - CHILD - ADOLESCENT - ADULT
Duration: DEPENDS
Limitation: NEED LOW SUPERVISION - NON CRISIS
Wait List: NO
Fee: $90 PER SESSION -INSURANCE, PRIVATE,CHAMPUS
Procedure: SELF
Cins/Fins:
Other:
Address: 207 E. ROBERTSON AVE BRANDON 33511
Phone: 654-0166 SUITE G. Hours:

ENTAL HEALTH COUNSELING-RAPE,ABUSE,INCEST
Code: 73 Agency: OFFENDER FAMILY CRISIS CENTER
Service: CRISIS INTERVENTION FOR FAMILIES OF OFFENDERS
Duration: AS NEEDED
Limitation: OFFENDER FAMILY
Wait List: NO
Fee: NO
Procedure: CALL
Cins/Fins:
Other:
Address: 3402 N 22ND ST. TAMPA 33612
Phone: 272-6466 Hours: 8AM-5PM

Juvenile Assessment Center
Service Provider List

ENTAL HEALTH COUNSELING-RAPE,ABUSE,INCEST
Code: 72 Agency: PROJECT EMPOWER
Service: PARENTING EDUCATION, PEDIATRIC CLINIC, FAILURE TO TRIVE BABIES CLINIC
Duration: AS NEEDED
Limitation: CHILDREN, PARENTS
Wait List: NO
Fee: STATE, GOV'T FUNDED
Procedure: CALL 757-3895
Cins/Fins:
Other:
Address: 302 N MICHIGAN AVE PLANT CITY 33566
Phone: 757-3895 Hours:

ENTAL HEALTH COUNSELING-RAPE,INCEST,ABUSE
Code: 70 Agency: ANCHOR HOUSE
Service: HOME FOR BOYS, ABUSED OR NEGLECTED, 12-18 YRS
Duration: AT LEAST 6 MTHS
Limitation: DEPENDS
Wait List:
Fee: HRS - 13 715MO/SLIDING SCALE PRIVATE $500
Procedure: LEGAL CUSTODY - RICHARD WILDER ADMIN
Cins/Fins:
Other: NOT LOCKUP
Address:
Phone: 665-1916 Hours:

ENTAL HEALTH COUNSELING-RAPE,INCEST,ABUSE
Code: 71 Agency: FLORIDA BAPTIST CHILDREN'S HOME
Service: COUNSELING OR RESIDENTIAL CARE FOR ABUSED, NEGLECTED DEPENDANT CHILDREN
Duration:
Limitation: AGES 15-18 YRS
Wait List:
Fee: EACH FAMILY CONTRIBUTES AS ABLE
Procedure: CALL OFFICE
Cins/Fins:
Other:
Address: 177 LAKE HUNTER DR. LAKELAND 33802
Phone: 688-4981 688-9639 Hours:

Juvenile Assessment Center
Service Provider List

ENTAL HEALTH COUNSELING-RAPE,INCEST,SEXUAL ABUSE
Code: 67 Agency: MENTAL HEALTH CARE INC.
Service: INDIVIDUAL COUNSELING FOR FOSTER CARE CHILDREN WHO HAVE BEEN SEXUALLY ABUSED
Duration:
Limitation:
Wait List:
Fee: SLIDING SCALE, INSURANCE
Procedure: SELF
Cins/Fins:
Other: EMPOWERING VICTIMS OF ABUSE- PRG. IS ALSO IN PLANT CITY
Address: 2905 E. HENRY ST TAMPA
Phone: 238-8495 Hours:

ENTAL HEALTH COUNSELING-RAPE,INCEST,SEXUAL ABUSE
Code: 68 Agency: THE SPRING
Service: SHELTER AND 24 HR. HOT LINE FOR BATTERED WOMEN-OUTREACH 621-7233(FREE)
Duration: 30 DAYS AVERAGE OR LONGER
Limitation: MENTAL HEALTH CLIENTS, MUST TAKE MEDS 18YRS, VICTIMS
Wait List: SOMETIMES SMALL
Fee: NONE - MUST HELP WITH CHORES
Procedure: SELF
Cins/Fins:
Other: RAPE, STALKING, FAMILY VIOLENCE - BABYSITTER PROVIDED
Address: 5118 N. 56TH ST TAMPA
Phone: 247-7233 SUITE 225 Hours: M(10-12), 6-8 8-10

HYSICAL ABUSE OFFENSES
Code: 123 Agency: OFFENDER FAMILY CRISIS CENTER
Service: CRISIS INTERVENTION FOR FAMILIES OF OFFENDERS

Duration: AS NEEDED
Limitation: OFFENDER FAMILY
Wait List: NO
Fee: NO
Procedure: PHONE 272-6466 8 - 5 PM
Cins/Fins:
Other:
Address: 3402 N. 22ND ST. TAMPA, FL
Phone: Hours:

Juvenile Assessment Center
Service Provider List

HYSICAL ABUSE OFFENSES
Code: 122 Agency: PROJECT EMPOWER
Service: PARENTING EDUCATION, PEDIATRIC CLINIC, FAILURE-TO-THRIV BABIES CLINIC
Duration: AS NEEDED
Limitation: CHILDREN, PARENTS
Wait List: NO
Fee: STATE GOVT FUNDED
Procedure: CALL 757-3895
Cins/Fins:
Other:
Address: 302 N. MICHIGAN AVE PLANT CITY, FL 33566
Phone: 757-3895= Hours:

HYSICAL HEALTH
Code: 21 Agency: ALL WOMEN'S HEALTH SERVICES
Service: ABORTION,COUNSELING/SERVICES GYNECOLOGY EXAMS, PREGNANCY TESTIN
Duration: AS NEEDED
Limitation: WOMEN
Wait List: NEED APPT.
Fee: SLIDING SCALE
Procedure: 8AM-6PM M-F 8-12:30P SAT
Cins/Fins:
Other:
Address: 14704 N. FLORIDA AVE. TAMPA 33613
Phone: 961-7907 Hours:

HYSICAL HEALTH
Code: 22 Agency: ALL WOMEN'S HEALTH SERVICES
Service: ABORTION, COUNSELING/SERVICES GYNECOLOGY EXAMS, PREGNANCY TESTING
Duration: AS NEEDED
Limitation: WOMEN
Wait List: NEED APPT
Fee: SLIDING SCALES
Procedure: 8-6 M-F - 8-12:30 SAT
Cins/Fins:
Other:
Address: 3330 W. KENNEDY TAMPA 33609
Phone: 251-0505 Hours:

Juvenile Assessment Center
Service Provider List

HYSICAL HEALTH
Code: 20 Agency: ALPHA - A BEGINNING, INC
Service: RESIDENTIAL FOR PREGNANT GIRLS, WOMEN ALSO DAY TX

Duration: LENGTH OF PREGNANCY
Limitation: NO ACTIVE DRUG USE, NO AGE LIMIT,
Wait List: SOMETIMES SMALL
Fee: $450 BUT COVERED BY PRIVATE CHARITY, SEE OTHER
Procedure: COUNSELOR OR SELF REFERRAL OR CALL GWEN PARSONS
Cins/Fins:
Other: SLIDING SCALE $120 A MONTH OUT OF AFDC
Address: 208 TAMPANIA AVE TAMPA 33609
Phone: 875-2024 Hours:

HYSICAL HEALTH
Code: 23 Agency: BIG BROTHER'S/BIG SISTER'S
Service: MENTORS, LIFE CHOICES, BIG BROTHERS, SISTERS

Duration: PROGRAM BY PROGRAM
Limitation: BY PROGRAM
Wait List: LENGTHY AT TIMES
Fee: NO
Procedure: CALL
Cins/Fins:
Other:
Address: 405 N. REO ST. SUITE 260 TAMPA 33609
Phone: 287-2210 Hours:

HYSICAL HEALTH
Code: 16 Agency: DEVELOPMENTAL SERVICES - HRS
Service: DIAGNOSTIC AND EVALUATION-CHILDRENS HEARING, SPEECH MOTOR, NEUROLOGICAL, PSYCHOLOGICAL
Duration:
Limitation: CHILDREN
Wait List: NO
Fee: NO
Procedure: CALL 871-7490
Cins/Fins:
Other:
Address: 4000 W. M.L.K. BLVD TAMPA 33614
Phone: 554-2220 Hours:

Juvenile Assessment Center
Service Provider List

HYSICAL HEALTH
Code: 31 Agency: FRANCIS HOUSE
Service: DAY CENTER FOR HIV INFECTED AND AFFECTED PERSONS

Duration: AS NEEDED
Limitation: ONLY HIV
Wait List: NO
Fee: NO
Procedure: SELF CALL SISTER ANN
Cins/Fins:
Other: DAY CARE ONLY - COUNSELING MEN, WOMEN;CHILDREN
Address: 4703 N. FLORIDA AVE TAMPA 33603
Phone: 237-3066 Hours:

HYSICAL HEALTH
Code: 30 Agency: HILLS COUNTY COMMUNITY ACTION COMMITTEE
Service: INFO PREGNANCY PREVENTION, SECUALLY TRANSMITTED DISEASE , AIDS RESPONSIBLE SEXUAL BEHAVIOR
Duration: SEVERAL WEEKS
Limitation: MEN 13-19
Wait List: NO
Fee: NO
Procedure: CALL 272-6770
Cins/Fins:
Other: SEXUAL AWARENESS FOR MALES
Address:
Phone: 272-6770 Hours:

HYSICAL HEALTH
Code: 15 Agency: HILLS. COUNTY HEALTH DEPT
Service: AIDS COUNSELING,FAMILY PLANNING,CHILDHOOD IMMUNIZATION STD TREATMENT
Duration:
Limitation: INCOME GUIDELINES
Wait List: NO - NEED APPOINTMENT
Fee: SLIDING SCALE - MEDICAID, MEDICARE
Procedure: CALL
Cins/Fins:
Other: 272-6203,975-2140,272-6240, 272-6412,671-7651,554-5019
Address: 1105 E. KENNEDY BLVD TAMPA 33602
Phone: 272-6200 Hours:

Juvenile Assessment Center
Service Provider List

HYSICAL HEALTH
Code: 17 Agency: JUDEO CHRISTIAN HEALTH CLINIC
Service: EYE CARE, DIAGNOSTIC AND PRIMARY MEDICAL TX, EMERGENCY DENTAL, GYNECOLOGY
Duration:
Limitation: INELIGIBLE FOR GOV'T ASSISTANCE BUT CAN'T GET PRIVATE
Wait List: WALK IN
Fee:
Procedure: 870-0395
Cins/Fins:
Other:
Address: 4120 1/2 N. MACDILL AVE TAMPA 33607
Phone: 870-0395 Hours:

HYSICAL HEALTH
Code: 29 Agency: MCFAIRLANE SCHOOL
Service: CLASS, NURSERY, DAY CARE, DOCTOR'S CLINIC, WIC, NURSE
Duration: DURATION OF PREGNANCY
Limitation: PREGNANT
Wait List: NO
Fee: NO
Procedure: PROOF OF PREGNANCY, LEGAL GUARDIAN TO SIGN
Cins/Fins:
Other:
Address: 1721 N. MACDILL TAMPA
Phone: 872-5275 Hours:

HYSICAL HEALTH
Code: 14 Agency: MEDICAID ACCESS
Service: APPLY FOR MEDICAID
Duration:
Limitation:
Wait List:
Fee:
Procedure: CALL
Cins/Fins:
Other:
Address: TAMPA TAMPA XXXX
Phone: 871-7460 Hours:

Juvenile Assessment Center
Service Provider List

HYSICAL HEALTH
Code: 26 Agency: PLANNED PARENTHOOD
Service: INFORMATION AND EDUCATION IN FAMILY, PLANNING AND CONTRACEPTION
Duration:
Limitation: NO
Wait List: NO - MAKE APPT
Fee: PAP -$30 FOR 17YRS AND UNDER $45 STUDENTS, PILLS $10
Procedure: SELF - CALL
Cins/Fins:
Other: STD TESTING PRICES VARY
Address: 8068-56TH ST. TAMPA 33617
Phone: 980-3555 Hours:

HYSICAL HEALTH
Code: 18 Agency: PROJECT EMPOWER
Service: PARENTING EDUCATION, PEDIATRIC CLINIC, FAILURE TO THRIVE BABY CLINIC
Duration:
Limitation: CHILDREN PARENTS
Wait List: NO
Fee: STATE GOV'T FUNDED
Procedure: CALL 757-3895
Cins/Fins:
Other:
Address: 302 N. MICHIGAN AVE PLANT CITY 33566
Phone: 757-3895 Hours:

HYSICAL HEALTH
Code: 27 Agency: PROJECT GOODSTAND
Service: PARENTING EDUCATION, CHILD DEVELOPMENT INFO, NUTRITION INFO, TEEN PREGNANCY PREVENTION
Duration: AS NEEDED
Limitation: INCOME GUIDELINES
Wait List:
Fee: GRANT FUNDED NO
Procedure:
Cins/Fins:
Other:
Address: 801 E. HILLSBOROUGH AVE TAMPA
Phone: 237-4627 Hours:

Juvenile Assessment Center
Service Provider List

HYSICAL HEALTH
Code: 19 Agency: PROJECT GOODSTART
Service: PARENTING EDUCATION, CHILD DEVELOPMENT INFO, NUTRITION INFO, TEEN PREGNANCY PREVENTION
Duration: AS NEEDED
Limitation: INCOME GUIDELINES
Wait List:
Fee: GRAND FUNDED
Procedure: CALL 237-4627
Cins/Fins:
Other:
Address: 801 E. HILLSBOROUGH AVE TAMPA XXXX
Phone: 237-4627 Hours:

HYSICAL HEALTH
Code: 32 Agency: RUSKIN MIGRANT AND COMMUNITY HEALTH CTR
Service: GENERAL HEALTH SERVICES

Duration: AS NEEDED
Limitation: LOW INCOME NO INSURANCE
Wait List: NO
Fee: YES
Procedure: WALK IN OR CALL
Cins/Fins:
Other:
Address: TAMPA
Phone: 645-4681 659-1903 Hours:

HYSICAL HEALTH
Code: 24 Agency: THE CRISIS PREGNANCY CENTER
Service: ALTERNATIVES TO ABORTION

Duration:
Limitation: NO
Wait List: NO
Fee: NO
Procedure:
Cins/Fins:
Other:
Address: 122 N. MOON AVE BRANDON 33510
Phone: 654-0491 Hours:

Juvenile Assessment Center
Service Provider List

HYSICAL HEALTH
Code: 25 Agency: THE GREATER TAMPA URBAN LEAGUE INC
Service: YOUTH DEVELOPMENT AND PREVENTION PROGRAM, TEENAGE PREGNANCY, DRUG PREVENTION
Duration: LOW INCOME
Limitation: AT RISK YOUTHS AND FAMILIES
Wait List:
Fee: NONE
Procedure: CALL
Cins/Fins:
Other:
Address: TAMPA
Phone: 229-8117 Hours:

HYSICAL HEALTH
Code: 28 Agency: WOMEN,INFANTS CHILDREN PROGRAM
Service: FOOD, PROGRAM FOR MOTHERS, CHILDREN, PREGNANT WOMEN
Duration:
Limitation: LOW INCOME
Wait List: NO
Fee: NO
Procedure: CALL 975-2060
Cins/Fins:
Other:
Address: TAMPA
Phone: 975-2060 Hours:

:EX OFFENDER
Code: 119 Agency: SHARE JUNIOR
Service: SEX OFFENDER-ADOLESCENT OUTPATIENT
Duration: 1 TIME PER WEEK TO 2 YEARS
Limitation: TO AGE 18
Wait List: NO
Fee: $35 PER SESSION 1 1/2 HOURS, SLIDING SCALE POSSIBLE
Procedure: LEO COTTEN
Cins/Fins:
Other: FEES: PRIVATE INSURANCE
Address:
Phone: 935-1636 855-2266 Hours:

Juvenile Assessment Center
Service Provider List

EX OFFENDERS
Code: 120 Agency: CHARTER HOSPITAL
Service: INPATIENT, PARTIAL HOSPITALIZATION FOR ADOLESCENT, SEX OFFENDERS AND VICTIMS OF SEX ABUSE
Duration: DEPENDS
Limitation: 11 DAYS INPATIENT, 45 OUTPATIENT, 3 WEEKS PARTIAL
Wait List: NO
Fee: SELF PAY, INSURANCE, SLIDING CASE BY CASE, NO MEDICAID
Procedure: CALL NEED ASSESSMT OR MARKK PALUMBO DIRECTLY
Cins/Fins:
Other: MARK PALUMBO PHONE 239-5530
Address: 4004 N. RIVERSIDE DR TAMPA 33603
Phone: 238-8671 Hours:

EX OFFENSES-SEX ABUSE
Code: 121 Agency: PSYCHOLOGICAL MANAGEMENT GROUP
Service: ADOLESCEMNT AND ADULT OFFENDER PROGRAMS, VICTIM TREATMT HANDLE DEVELOPMENTALLY DISABLE OFFENDERS, VICTIMS
Duration:
Limitation: NO
Wait List: NO
Fee: $65-100 ASSESSMENT, $20 PER VISIT
Procedure: SELF
Cins/Fins:
Other:
Address: 15436 N. FLORIDA STE 102 TAMPA 33613
Phone: 963-1016 Hours:

EXUAL OFFENSES
Code: 118 Agency: NORTHSIDE CENTER
Service: SEX OFFENDERS GROUP, JUVENILE AND ADULT OUTPATIENT

Duration:
Limitation:
Wait List:
Fee:
Procedure: ALL NORTHSIDE, ASK FOR BRIAN MCKUEN
Cins/Fins:
Other:
Address: BRUCE B. DOWNS TAMPA, FL
Phone: 977-8700 Hours:

Juvenile Assessment Center
Service Provider List

OCIAL SKILLS, LEISURE, RECREATION
Code: 112 Agency: FLA GAME & FRESHMWATER FISH COMMISSION
Service: DAY CAMP, RESIDENTIAL CAMP, AQUATICS PROGRAM

Duration: SUMMER PROGRAM
Limitation: AGES 8 - 14
Wait List: NO
Fee: SLIDING SCALE
Procedure: CALL 904-732-1225
Cins/Fins:
Other:
Address: 1239 S.W. 10TH ST OCALA, FL 34474
Phone: 904-732-1225 Hours:

OCIAL SKILLS, LEISURE, RECREATION
Code: 109 Agency: GREATER TAMPA BAY URBAN LEAGUE INC
Service: YOUTH DEVEL AND PREVENTION PROGRAM, TEEN PREG PREVENTIN
YOUTH DRUG PREVENT, BLACK FAMILY ENHANCEMT, TRUST,
Duration:
Limitation: LOW INCOME, AT RISK YOUTH
Wait List: NO
Fee: NO
Procedure: ANNA GARDNER, JOANNA TOKLEY CONTACT PERSON
Cins/Fins:
Other: CRIME PREVENT, BASIC ADULT ED,
Address: 1405 TAMPA PARK PLAZA TAMPA 33605
Phone: 229-8117 Hours: 9 - 5

OCIAL SKILLS, LEISURE, RECREATION
Code: 111 Agency: HILLSBOROUGH COUNTY RECREATIONAL DEPT
Service: ARTS & CRAFTS, SPORTS, ETC

Duration: ALL YEAR, ANYTIME
Limitation: NONE
Wait List: DEPENDS ON PARK
Fee: SUMMER PROGRAM $25-30. SLIDING SCALE
Procedure: PARENT OR GUARDIAN REGISTER AT PARK
Cins/Fins:
Other: SLIDING SCALE IF CHILD RECEIVES FREE LUNCH AT SCHOOL
Address:
Phone: 975-2160 Hours:

Juvenile Assessment Center
Service Provider List

OCIAL SKILLS, LEISURE, RECREATION
Code: 110 Agency: POLICE ATHLETIC LEAGUE
Service: SPORTS

Duration: SPORTS SEASONAL - CAN BE INVOLVED UP TO AGE 16
Limitation: AGES 6 - 16
Wait List: YES/120 KIDS MAX SCHOOL/250 MAX SUMMER
Fee: YES SLIDING SCALE, FEE WAIVED IF UNABLE TO PAY
Procedure: PARENT/GUARDIAN CALL 876-9693 9-5 PM
Cins/Fins:
Other: REGISTER 1924 W. DIANA ST. TAMPA 33504
Address:
Phone: Hours: AFTER SCHOOL AND SUM

OCIAL SKILLS/LEISURE/RECREATION
Code: 106 Agency: BIG BROTHERS/BIG SISTERS
Service: MENTORS, LIFE CHOICES, BIG BROTHERS/SISTERS
CRISIS PREVENT FOR WAITING LIST CLIENTS
Duration: 3 HRS 3 TIMES A MONTH FOR ONE YEAR
Limitation: AGES 5-14, SINGLE PARENT HOME
Wait List: YES
Fee: NO
Procedure: CALL
Cins/Fins:
Other: TEEN PREGNANCY AGES 13-17
Address: 405 N. REO ST, SUITE 260 TAMPA 33609
Phone: 287-2210 Hours:

OCIAL SKILLS/LEISURE/RECREATION
Code: 105 Agency: BOYS AND GIRLS CLUBS
Service: AFTER SCHOOL, DAY CARE, SUMMER, RECREATION, GAME ROOM,
ARTS, OUTDOOR
Duration:
Limitation: AGES 5 PLUS & ENROLLED IN SCHOOL
Wait List: NO
Fee: $25 PER CHILD SCHOOL YEAR, $35 YR MAX, $5 TITLE 20
Procedure: CALL 875-5771
Cins/Fins:
Other:
Address: 3020 W. LAUREL ST'
Phone: Hours: MON - FRI 2 - 8 PM A

Juvenile Assessment Center
Service Provider List

OCIAL SKILLS/LEISURE/RECREATION
Code: 107 Agency: RECREATION DEPT - CITY OF TAMPA
Service: RECREATIONAL, AQUATIC, CHILDRENS ARTS & CRAFTS, SUMMER ACTIVITIES-CHILDREN
Duration: YEAR LONG OR SUMMER
Limitation: ADULTS, YOUTH, CHILDREN
Wait List: NO
Fee: NOMINAL
Procedure: CALL
Cins/Fins:
Other:
Address: 1420 N. TAMPA ST TAMPA 33602
Phone: 274-8615 274-8018 Hours:

OCIAL SKILLS/LEISURE/RECREATION
Code: 108 Agency: YWCA/YWCO
Service: FITNESS CENTER, DAY CAMP AGES 6-13, RECREATION, AQUATI, LATCH KEY CHILDREN
Duration:
Limitation: ALL AGES
Wait List: NO
Fee:
Procedure:
Cins/Fins:
Other:
Address: 110 E. OAK AVE TAMPA 33602
Phone: 224-9622 Hours: 8 - 5 PM MON - FRI

UBSTANCE ABUSE - RESIDENTIAL
Code: 12 Agency: DACCO
Service: ADOLESCENT, ADULT RESIDENTIAL, OUTPATIENT METHADONE MAINT.
Duration: DEPENDS ON PROGRAM
Limitation:
Wait List: IN SOME PROGRAMS
Fee: SLIDING SCALE/MEDICAID, MEDICARE, PRIVATE
Procedure: CALL INTAKE OFFICE
Cins/Fins:
Other:
Address: 202 E. 7TH AVE TAMPA
Phone: 237-9190 Hours:

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UBSTANCE ABUSE - RESIDENTIAL
Code: 10 Agency: HAYNES SERVICES CORPORATION
Service: RESIDENTIAL-LONG AND SHORT TERM DEALING IN SUBST. ABUSE EDUCATION, FAMILY ISSUES, ETC.
Duration: LONG TERM 1-2 YRS RES. AND SHRT TERM LEVEL 4 4-6 MNTHS
Limitation: NONE 13-18 YR OLD MALES
Wait List: NONE
Fee: $130 DAY, SLIDING SCALE, MEDICAID
Procedure: SEND INFO - ASSESS INFO ETC
Cins/Fins: YES
Other: SEND TO RAVEN LEWIS, CLINICAL COORDINATOR
Address: 8111 E. GREENWOOD AVE TAMPA 33604
Phone: Hours:

UBSTANCE ABUSE - NON RESIDENTIAL
Code: 2 Agency: ACTS YOUTH OUTPATIENT PROGRAM
Service: OUTPATIENT DRUG/ALCOHOL COUSELING FOR ADOLESCENTS

Duration:
Limitation: UNDER 18, OVER 11
Wait List: NO
Fee: INTAKE $48, INDIVIDUAL $31, GROUP $20
Procedure: CALL CAROL MCCARTHY
Cins/Fins:
Other:
Address: 4403 MLK BLVD TAMPA 33614
Phone: 931-4669 Hours:

UBSTANCE ABUSE - NON RESIDENTIAL
Code: 9 Agency: CENTRE FOR WOMEN
Service: OUTPATIENT COUNSELING FOR WOMEN, DISPLACED HOME-MAKERS PROGRAM
Duration: DRUG/ALCOHOL - SEVERAL MONTHS
Limitation: WOMEN 18 YRS OR OLDER
Wait List: NO
Fee: SLIDING SCALE MEDICAID, MEDICARE, PRIVATE
Procedure: CALL
Cins/Fins:
Other:
Address: 305 S. HYDE PARK AVE TAMPA
Phone: 251-8437 Hours:

Juvenile Assessment Center
Service Provider List

UBSTANCE ABUSE - NON RESIDENTIAL
Code: 7 Agency: DUI COUNTERATTACK
Service: DUI EDUCATION

Duration: LEVEL I, 15 HRS, LEVELII 21 HRS
Limitation: CHARGED WITH DUI
Wait List: NO
Fee: $161.00 REGISTRATION
Procedure: APPEAR IN PERSON
Cins/Fins:
Other:
Address: 112S. CALLINS PLANT CITY 33566
Phone: 754-6058 Hours:

UBSTANCE ABUSE - NON RESIDENTIAL
Code: 8 Agency: DUI COUNTERATTACK
Service: DUI EDUCATION

Duration: LEVEL1 15 HRS LEVEL 2 21 HRS
Limitation: CHARGED WITH DUR
Wait List: NO
Fee: $161.00 REGISTRATION
Procedure: IN PERSON
Cins/Fins:
Other:
Address: 474 N. HUBERT AVE TAMPA
Phone: 875-6601 Hours:

UBSTANCE ABUSE - NON RESIDENTIAL
Code: 6 Agency: LAKEVIEW CENTER
Service: TRADITIONAL OUTPATIENT-GROUP, INDIVIDUAL AND FAMILY
NARCOTICS -METHADONE MAINTENANCE
Duration: 3-6 MTHS TO INDEFINATE
Limitation: 13 YRS OR OLDER
Wait List: NA
Fee: $90 SLIDING SCALE - MEDICAID AND OTHER INS.
Procedure: WALK IN M-F 8-10 OR BY PHONE
Cins/Fins:
Other: DUAL DIAGNOSIS ACCEPTED - PSYCIATRIC OVERLAY SVCS
Address:
Phone: Hours:

40

UBSTANCE ABUSE - NON RESIDENTIAL TREATMENT
Code: 1 Agency: ACTS YOUTH OUTPATIENT PROGRAM
Service: OUTPATIENT DRUG/ALCOHOL COUSELING FOR ADOLESCENTS

Duration:
Limitation: UNDER 18 YRS OVER 11 YRS
Wait List: NO
Fee: INTAKE $48, INDIV. $31, GROUP $20 - SLIDING SCALE, INSC
Procedure: CALL CAROL MCCARTHY
Cins/Fins:
Other:
Address: 4211 E. BUSCH BLVD. TAMPA 33617
Phone: 988-6096 Hours:

UBSTANCE ABUSE - RESIDENTIAL
Code: 11 Agency: CHARTER HOSPITAL
Service: IN PATIENT 3-18 YRS - SUBSTANCE AND MENTAL DAY TX PROGRAM ALSO , OUTPATIENT INTENSIVE , MOBILE TEAM
Duration: IN PATIENT 9-10 DAYS, PARTIAL VARIES WEEK-3 MTHS
Limitation: NAAHP GUIDELINES
Wait List: NONE
Fee: PRIVATE, SCHOLORSHIP CONTRACTS W/CRISIS CTR, MEDICAID
Procedure: CALL 238-8671 INTAKE DEPT
Cins/Fins:
Other:
Address: 4004 N. RIVERSIDE DR. TAMPA 33603
Phone: Hours:

UBSTANCE ABUSE - RESIDENTIAL
Code: 13 Agency: METROPOLITAN MINISTRIES
Service: MEDICAL CARE, COUSELING, WORK THERAPY

Duration: LONG TERN
Limitation: SUBSTANCE ABUSE
Wait List: NO
Fee: SLIDING SCALE
Procedure: CALL
Cins/Fins:
Other:
Address: MANNA HOUSE 1910B N. FL TAMPA 33602
Phone: 231-2128 Hours:

Juvenile Assessment Center
Service Provider List

SUBSTANCE ABUSE NON RESIDENTIAL
Code: 5 Agency: DACCO
Service: ADOLESCENT, ADULT RESIDENTIAL, OUTPATIENT, METHADONE MN

Duration: DEPENDS ON PROGRAN
Limitation:
Wait List: IN SOME PROGRAMS
Fee: SLIDING SCALE MEDICAID, MEDICARE,PRIVARE
Procedure: CALL INTAKE
Cins/Fins:
Other:
Address: 202 E. 7TH AVE TAMPA
Phone: 237-9190 Hours:

SUBSTANCE ABUSE NONRESIDENTIAL
Code: 3 Agency: BENMAR CENTER
Service: OUTPATIENT DRUG/ALCOHOL COUNSELING

Duration:
Limitation: NO
Wait List: NO
Fee: FREE: CONSULT, ASSESSMENTS, EDUCATION
Procedure:
Cins/Fins:
Other: COUSELING REQUIRES PAYMENT
Address: 2501 BUSCH BLVD. TAMPA 33618
Phone: 932-6529 Hours:

SUBSTANCE ABUSE NONRESIDENTIAL
Code: 4 Agency: CHARTER HOSPITAL
Service: IN PATIENT, 3-18YRS. OF AGE, SUBSTANCE AND MENTAL
DAY TX. PROGRAM ALSO, OUTPATIENT INTENSIVE CARE OVER 14
Duration: IN PATIENT (9 TO 10 DAYS) PARTIAL (WEEK TO 3 MONTHS)
Limitation: NAAHP GUIDELINES (MUST HAVE SUBST. ABUSE OR PSYCH.CON
Wait List: NONE
Fee: PRIVATE, SCHOLARSHIP CONTRACTS W CRISIS CENTER
Procedure: CALL 238-8671
Cins/Fins:
Other:
Address: 4004 N RIVERSIDE DR TAMPA 33603
Phone: Hours:

Records printed = 123

APPENDIX J

Referral Instructions

I. For each youth registered at JAC.

A. Make an entry in the "Referral" Program.

1. Assessor last name, first initial. (This information is automatically displayed if the screening information has been entered into the computer).
2. Was(will) the youth **referred** for In-depth Assessment? Indicate Yes, No. This is a separate question than the one asked on the FURTHER Assessment screen, which asks if the youth 'needs' in-depth assessment.
3. Date. Indicate the date that the referral was made. If the referral decision has not yet been made, enter today's date. (This information is automatically displayed if the screening information has been entered into the computer).
4. If youth is not referred for in-depth assessment, indicate the reason why.
   i. 0= pending
   ii. 1= family felt assessment not needed
   iii. 2= youth recently evaluated
   iv. 3= youth already evaluated
   v. 4= youth currently being evaluated
   vi. 5= other reason
   vii. 9= not applicable (if youth was referred for in-depth assessment)
5. If "other reason" was selected above, specify what that reason was.

II. For each youth that is referred for treatment.

A. Make one entry into the "Treatment Referral" program for each referral for treatment that is made.

1. Recommended program/agency. Using the Provider List, indicate the code number of the recommended agency (and press enter). This will cause the agency name to appear to the right of the code. When you <Tab> through the remaining address and phone number fields, they will automatically be filled in, using the information stored in the Provider Table.
2. Recommended Treatment Type:
   i. 00= pending
   ii. 01= medical exam

iii. 02= mental health program
iv. 03= group home
v. 04= halfway house
vi. 05= community service agency
vii. 06= education/vocation
viii. 07= alcohol/drug treatment
ix. 08= detoxification program
x. 88= other
xi. 99= not applicable

3. Setting:

i. P= pending
ii. O= outpatient
iii. I= inpatient
iv. R= residential
v. N= not applicable

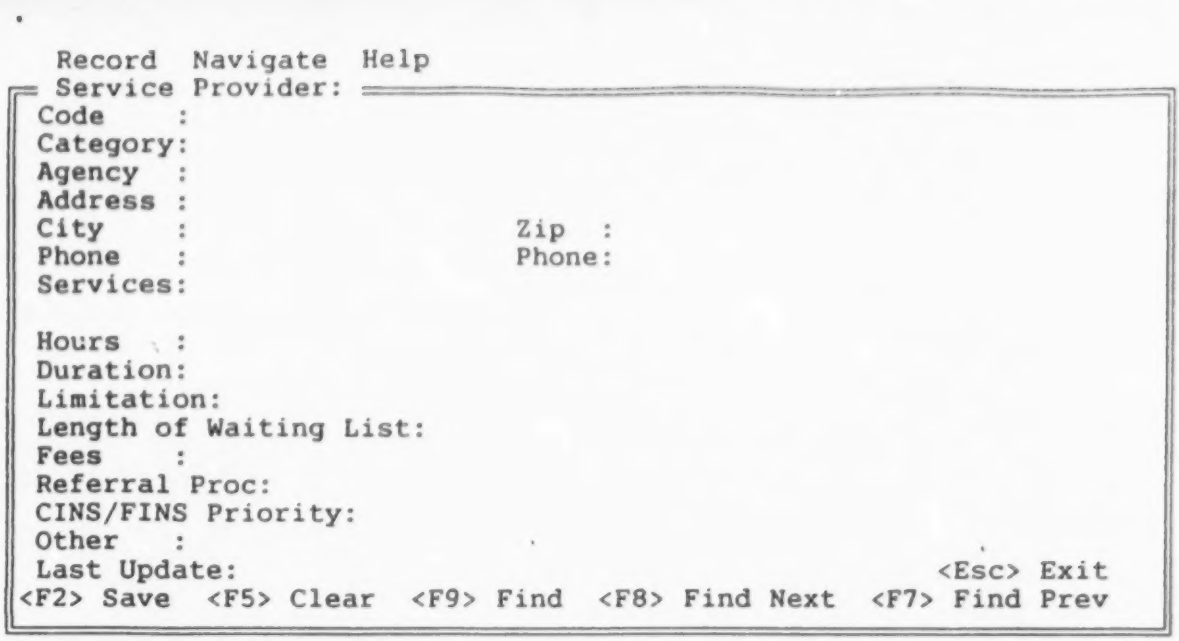
III. Before the Youth is released.

A. Print the **Youth Referral Form** and give it to the parent/guardian when the youth is released or give it to the receiving agency.

IV. Service Providers.

A. Service Provider Inquiry.

1. This program is used to inquire (alphabetically, by category) on the service providers available for referral. See attached category list.
2. You may only inquire by category. To inquire, enter the category name (or partial name) and press <F9>.
3. To page forward, press <F8>. To page backward, press <F9>.
4. To exit, press <Esc>.


Record Navigate Help
Service Provider:
Code :
Category:
Agency :
Address :
City :
Zip :
Phone :
Phone:
Services:
Hours :
Duration:
Limitation:
Length of Waiting List:
Fees :
Referral Proc:
CINS/FINS Priority:
Other :
Last Update:
<Esc> Exit
<F2> Save <F5> Clear <F9> Find <F8> Find Next <F7> Find Prev

REFERRAL OUTCOME

Record Navigate Help

REFERRAL OUTCOME:

Event # Reg Date: JAC ID#

Youth First: Middle: Last:

Assessor Last Name Initial

Was youth referred for In-Depth Assessment? Date:

If no, indicate reason:

If other, specify:

<OK>

Record Navigate Help

TREATMENT REFERRAL:

Event#: Referral # Youth:

Recommended program/agency

Address

City Zip Phone

Recommended Treatment Type

Setting

<OK>

JUVENILE ASSESSMENT CENTER
Youth Referral Form

Event #:
First: Mid: Last: Reg Date:

Preliminary screening has determined that the above referenced youth may be experiencing some difficulties. We recommend that you contact the indicated programs/agencies for further assistance.

Problem Area: ABUSE CHILD
Agency : FAITH CHILDREN'S HOME
Address: P. O. Box 22789
City : Tampa Zip:
Phone : (813) 961-1214 Phone:
Hours : 24 Hrs.
Fees :

Problem Area: ABUSE CHILD
Agency : FAITH CHILDREN'S HOME
Address: P. O. Box 22789
City : Tampa Zip:
Phone : (813) 961-1214 Phone:
Hours : 24 Hrs.
Fees :

Problem Area: ABUSE CHILD
Agency : CHILD ABUSE REGISTRY
Address: NONE
City : Tallahassee Zip:
Phone : (800) 962-2873 Phone:
Hours : 24 hr.
Fees :

Problem Area:
Agency :
Address:
City : Zip:
Phone : Phone:
Hours :
Fees :

Problem Area:
Agency :
Address:
City : Zip:
Phone : Phone:
Hours :
Fees :

Problem Area:
Agency :
Address:
City : Zip:
Phone : Phone:
Hours :
Fees :

Event #:
First: Mid: Last: Reg Date:

Problem Area:
Agency :
Address:
City : Zip:
Phone : Phone:
Hours :
Fees :

Problem Area:
Agency :
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Fees :